



St Helen Catholic Church & School

3033 NW 33rd Avenue, Lauderdale Lakes, FL, 33311

Phone: 954-731-7314; Fax: 954-733-0023

Rev. Fr. Lucien Eugène Pierre, Ph.D., Pastor

fatherlucien@sainthelen.net; www.sthelenatholicchurch.net

Religious Education Program 2021-2022 • Family Registration Form

Today's Date: _____

Child's First & Middle Name: _____ Child's Last Name: _____

Child's Date of Birth: _____ Age: _____ Male: _____ Female: _____

School Name: _____ Grade Level: _____

Home Address: _____

City: _____ Zip Code: _____

Home Phone Number: _____ E-mail Address: _____

Date of Child's Baptism: _____

Where was your child baptized?

Church Name: _____ City/State/Country: _____

Mother's full (maiden) name: _____ Phone: _____

Mother's religion: _____ Preferred Language: _____

Father's name: _____ Phone: _____

Father's religion: _____ Preferred Language: _____

Does child live with Mother? _____ Father? _____ Other? _____

Are parents married? Yes / No

If yes, are parents married in the Catholic Church? Yes / No

So we can better serve your child, list any concerns regarding learning, health, behavior or special needs:

In case of emergency in which parents cannot be reached, who should we contact?

Name: _____ Relationship to child: _____ Phone: _____

Signature of person completing form

Please print name

*Tuition Cost Per Year: \$85.00 for one child • \$130.00 for two children • \$180.00 for 3 or more children • \$35.00 Confirmation Fee
All fees are to help with the Religious Education Program's expenses.*



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STUDENT INFORMATION

St. Helen Religious Education Registration 2021 -2022

Student Name: _____	Male _____	Female _____
Birth date: _____	Baptized Roman Catholic: Yes _____	No _____
School: _____	School Grade _____	(2019-2020)
Birth Father: _____	Birth Mother: _____	
First Name	Last Name	First Name
		Maiden Name
Religion: _____	Religion: _____	

Sacrament Received: Please circle yes or no. If yes, where and when?

Y N Baptism: _____ Date: _____ / _____ / _____

Church Name

City and State (Country)

Y N Reconciliation: _____ Date: _____ / _____ / _____

Church Name

City and State (Country)

Y N First Communion: _____ Date: _____ / _____ / _____

Church Name

City and State (Country)

PLEASE INDICATE WHICH SESSION YOUR CHILD WILL ATTEND:

SUNDAY: 9:00 AM – TO 11:30 AM

Kindergarten _____ Grade 1 _____ Grade 2 _____ Grade 3 _____ Grade 4 _____ Grade 5 _____

Grade 6 _____ Grade 7 _____ Grade 8 _____ High School _____

First year of preparation for First Reconciliation/First Communion/Confirmation:

For Grades 3 through 5 _____ For grades 6 through 8 _____

Second year of preparation for First Reconciliation/Communion/Confirmation:

For grades 3 through 5 _____ For grades 6 through 8 _____

Student Health Emergency Information

Please indicate special health concerns: _____

Physician: _____ Phone: _____

Hospital of choice _____ Phone: _____

Address: _____

I, the undersigned, do hereby authorize officials of the St Helen Religious Education Department to contact directly the person named on this form and do authorize the named physician or his/her designee to render such treatment as may be deemed necessary in an emergency, for the health of said student. In the event that physicians or other person listed on this form cannot be contacted, the Religious Education Department officials are hereby authorized to take whatever action deemed necessary in their judgment for the health of the aforesaid student. I will not hold St. Helen Catholic Church financially responsible for the emergency care and/or transportation for said students.

Parent/Guardian signature: _____ Date: _____

I, as parent/guardian, and my student agree to abide by the rules and regulation of St. Helen Religious Education Program.

Tuition and Fees (Per Year)

One child: _____ \$ 85.00
Two children: _____ \$ 130.00
Three or more children: _____ \$ 180.00
Confirmation Fee: _____ \$ 35.00 (\$15 Gown and \$ 20 Spirit Day)

FOR OFFICE USE ONLY

Number of Children Enrolled: _____ Total Due: \$ _____
Tuition: \$ _____ Amount Paid: \$ _____
Sacrament Fees: \$ _____ Amount Due: \$ _____
Check #: _____ Cash (Receipt #): \$ _____



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CHILD DISMISSAL FORM
2021 – 2022

The following people have permission to pick-up my child, named below, from the Religious Education classes at St. Helen Catholic Church.

NOTE: It is the parent/ guardian’s responsibility to notify the teacher in writing of any changes.

Child’s Name (Last, First): _____

Date of Birth (mm/dd/yy): _____ Current Grade: _____

1. Name: _____ Relationship to Child/Family: _____

Primary Phone: _____ Secondary Phone: _____

2. Name: _____ Relationship to Child/Family: _____

Primary Phone: _____ Secondary Phone: _____

3. Name: _____ Relationship to Child/Family: _____

Primary Phone: _____ Secondary Phone: _____

4. Name: _____ Relationship to Child/Family: _____

Primary Phone: _____ Secondary Phone: _____

The following individuals **may not** pick-up my child from Religious Education classes at St Helen Catholic Church.

1. Name: _____ Relationship to Child/Family: _____

Primary Phone: _____ Secondary Phone: _____

2. Name: _____ Relationship to Child/Family: _____

Primary Phone: _____ Secondary Phone: _____

NOTE: Any person unfamiliar to the teacher will be required to show proof of identification. Under **NO** circumstances will the child be released to anyone other than those listed above without **WRITTEN** permission from the parent or guardian.

This form is legally binding, so by signing it, I agree that all of the information provided herein is correct.

Parent/Guardian Signature: _____ Date: _____