

**St Helen Catholic Parish & School**  
*Very Rev. Fr. Lucien Eugène Pierre, Ph.D., Pastor, VF*  
*Dean of the Northwest Broward Deanery*  
[fatherlucien@sainthelen.net](mailto:fatherlucien@sainthelen.net); [www.sthelen catholic church.net](http://www.sthelen catholic church.net)



*"For He testifieth: Thou art a Priest forever, according to the order of Melchisedech." ~Hebrews 7:17*

**STUDENT INFORMATION**  
**St. Helen Religious Education Registration 2025-2026**

Student Name: _____		Male _____	Female _____
Birth date: _____		Baptized Roman Catholic: Yes _____ No _____	
School: _____		School Grade _____	
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/First 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: \_\_\_\_\_

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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.

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

Parent/Guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_

**TUITION AND FEES (PER YEAR)**

One child: \_\_\_\_\_ \$ 100.00  
Two children: \_\_\_\_\_ \$ 150.00  
Three or more children: \_\_\_\_\_ \$ 200.00  
Confirmation Fee: \_\_\_\_\_ \$ 40.00

**FOR OFFICE USE ONLY**

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

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**Religious Education Program 2025-2026 • 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: \$100.00 for one child • \$150.00 for two children • \$200.00 for 3 or more children • \$40.00 Confirmation Fee*

**3033 NW 33<sup>rd</sup> Avenue, Lauderdale Lakes, FL 33311 - 954-731-7314 - Fax 954-733-0023**



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**CHILD DISMISSAL FORM**  
**2025 – 2026**

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 \_\_\_\_\_

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*All fees are to help with the Religious Education Program's expenses.*

Name: \_\_\_\_\_ Class: \_\_\_\_\_ Today's Date: \_\_\_\_\_

## Religious Education Registration Checklist

Thank you for registering your child for the 2025-2026 Religious Education school year at St. Helen Catholic Church. In order to complete the registration process, you need to provide the Office of Religious Education with the following items:

An X indicates items we are still missing in your child's file:

____ Family Registration Form	____ First Holy Communion Certificate ( <i>if applicable</i> )
____ Student Information Form	
____ Child Dismissal Form	____ Tuition Fee* (per year)
____ Birth Certificate	\$100.00 for 1 child
____ Baptism Certificate	\$150.00 for 2 children
	\$200.00 for 3 or more children
	\$40.00 Confirmation Fee

**\* Payment is required for your child to receive their course textbook.**

Current Balance: \$ \_\_\_\_\_

As of: \_\_\_\_\_

Please turn in any items you are missing as soon as possible to the St. Helen Church Office, open Monday through Friday from 9:00 am to 5:00 pm. Thank you and God bless you!