

**2023-2024 ST. HELEN**

**Family Faith Formation Enrollment Form**

Family Faith Formation

Family Catechesis is Faith Formation for the whole family at the same time. Pope Francis is encouraging that parents live out the promise they made at their child’s Baptism and accept the role as primary educator of faith with their children.

Family Catechesis is done by entire families coming together the second Sunday of the month following the 9 am Mass to share, pray and learn about the faith together.

St. Helen Family Faith Formation is a unique program intended to aid and encourage parents as the primary teachers in faith formation.

In an effort as a parish to assist you in carrying out your responsibilities, our Family Faith Formation requires families to:

**• Attendance of monthly parent-student classes**

**• Praying with your children**

**• Weekly Mass attendance**

**Formation is our goal. We hope to help our families become informed, active participating parishioners who are forming and supporting each other in love, worship and service as Jesus did. Family Faith Formation is designed to teach us how to grow in our relationship with God through His word.**

**Our family faith formation program is designed to help our families learn how to think in a Catholic Christian context. As we learn the process of finding God’s direction in our lives, our learning strengthens our relationship with God and faith continues to form and grow.**

2023-2024 Family Faith Formation

St. Helen Family Faith Formation Enrollment Form

Are you a new Family in FAMILY FAITH FORMATION? Yes\_\_\_ No \_\_\_

Are you registered with the parish? Yes\_\_\_ No \_\_\_

*Registrations cannot be processed unless you are formally registered with the parish.*

(Please write legibly and proof all information).

Family Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_

Mother’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mother’s Maiden Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Work Phone ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mother’s Cell Phone ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Work Phone ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father’s Cell Phone ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STUDENT #1 INFORMATION** Nickname (if applicable) \_\_\_\_\_\_\_\_\_\_ Circle one: Male Female

Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthdate\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City and State of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Record of Baptism \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Month/Day/Year Church City State

School Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade as of Aug. 1, 2023\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STUDENT #2 INFORMATION** Nickname (if applicable) \_\_\_\_\_\_\_\_\_\_ Circle one: Male Female

Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthdate\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City and State of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Record of Baptism \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Month/Day/Year Church City State

School Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade as of Aug. 1, 2023\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STUDENT #3 INFORMATION** Nickname (if applicable) \_\_\_\_\_\_\_\_\_\_ Circle one: Male Female

Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthdate\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City and State of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Record of Baptism \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Month/Day/Year Church City State

School Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade as of Aug. 1, 2023\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STUDENT #4 INFORMATION** Nickname (if applicable) \_\_\_\_\_\_\_\_\_\_ Circle one: Male Female

Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthdate\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City and State of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Record of Baptism \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Month/Day/Year Church City State

School Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade as of Aug. 1, 2023\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TUITION FEES**

**A $25.00 deposit fee is due at the time of registration; this fee will be applied toward your total tuition**

Make checks payable to: St. Helen and write FAITH FORMATION in the memo section

\_\_\_\_\_\_\_\_\_\_\_**$150 Family Fee**

Enclosed is payment: Paid by Check # \_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_Amount $\_\_\_\_\_\_\_ Cash Amount $\_\_\_\_\_\_\_\_\_\_

\_\_\_We are unable to pay in full at this time but have included $25 deposit and will complete payments by April 1st.

\_\_\_If your family needs are such that you are unable to pay the regular tuition amount, please consult the Director of the program.

**MEDIA PERMISSION RELEASE**

I hereby consent to my child/children being interviewed, photographed and/or videotaped by representatives of St. Helen Parish, its agents and independent contractors. Any information or images obtained from those activities may be reproduced by the parish and/or the public media for use in advertising, publicity, or educational activities, including, but not limited to, parish publications and/or videos, print and television news and parish websites. I hereby waive any claims I may have and release the parish and its employees from any liability or claims arising out of such activities.

□ Yes □ No

Family Member Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Family Member Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Family Member Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Family Member Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Family Member Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Family Member Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Family Member Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Family Member Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ Signature of Parent/Guardian Print Parent/Guardian Name Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address City, State, Zip Code

\*NOTE: THIS PERMISSION AND RELEASE IS VALID, AS EVIDENCED BY YOUR SIGNATURE HEREON, FOR A PERIOD OF THREE (3) YEARS FROM THE DATE STATED HEREIN, UNLESS RESCINDED IN WRITING BY YOU AND DELIVERED TO ST. HELEN PARISH PRIOR TO THE EXPIRATION OF THE THREE-YEAR PERIOD.

**SPECIAL CIRCUMSTANCES**

Please indicate below any special circumstances regarding your child or family. This information will assist your child’s catechist to fully minister to their needs. If your child has a learning disability, a food allergy or some other physical concern, please indicate it on this form. If allergy is potentially life threatening, please meet with the Director to discuss. This information will be treated as confidential.

Mixed religious beliefs\_\_\_\_\_\_\_\_\_\_\_\_\_ Recent crisis/death in the family\_\_\_\_\_\_\_\_ Any deaf family members\_\_\_\_\_\_\_\_\_\_ Are there any parental custodial circumstances that might affect your child’s attendance? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Does your child have special placement in the school he/she attends? Yes \_\_\_\_\_\_\_\_No\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If yes, please explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Does your child have a medical condition, food allergies or behavioral problems? Yes \_\_\_\_\_ No \_\_\_\_\_\_

Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_If yes, please explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMERGENCY CONTACT INFORMATION

List two neighbors or relatives to be called if needed.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Preferred Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Preferred Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_