

St. Henry Faith Formation Registration Form 2021-2022

Please Print

One Form per Family

Father's Name _____ Mother's Name _____

Address (Where child resides) _____ City _____ Zip Code _____

Home Phone (____) _____ Mother's Cell Phone (____) _____ Father's Cell Phone (____) _____

Can you be called at work for non-emergency reasons? Mother: ☐ Yes ☐ No Father: ☐ Yes ☐ No

Student resides with (check one): ☐ Both Parents ☐ Guardian ☐ Mother ☐ Father

Sunday Mornings- 8:30am-9:45am

1st Reconciliation/1st Communion (2 year program)

- 1st Grade- 1st year prep/2nd grade- 2nd year prep
- Meets twice a month on Sunday Mornings

1st Year Confirmation Prep/Sacrament 2 (2-year program)

- 7th Grade
- Meets weekly on Sunday Morning
- Sacrament 2: Youth in 8th grade or older who have not received Confirmation

Sacrament Prep (Communion)

- Children in 3rd grade and older who have not received the First Reconciliation and First Communion
 - Meets two times a month on Sunday Morning

Wednesday Evenings

Family Catechesis

- Children K-6th Grade
- Meets twice a month on Wednesday evenings from 6:15pm-7:30pm

Post Confirmation

- Confirmed High School Students
- Meets twice a month from 7:30pm-9:00pm
- Students choose topic of interest each semester

2nd Year Confirmation Prep

- Those who finished 1st year confirmation prep
- Meets twice a month from 7:30-9:00pm

Did your student attend Faith Formation classes at St. Henry last year? _____

If not where did your student attend classes last year? _____

Information provided below is confidential and will only be shared with the student's catechists as needed.

Student #1

Student Name _____ Male/Female _____ Date of Birth _____ Grade _____

Email _____ Phone Number _____

Medications _____

Special Needs (Medical, Learning Disabilities, Physical Disabilities, Allergies, etc) _____

	Baptism	Reconciliation	Eucharist	Confirmation
Sacraments received				

Student #2

Student Name _____ Male/Female _____ Date of Birth _____ Grade _____

Email _____ Phone Number _____

Medications _____

Special Needs (Medical, Learning Disabilities, Physical Disabilities, Allergies, etc) _____

	Baptism	Reconciliation	Eucharist	Confirmation
Sacraments received				

Student #3

Student Name _____ Male/Female _____ Date of Birth _____ Grade _____

Email _____ Phone Number _____

Medications _____

Special Needs (Medical, Learning Disabilities, Physical Disabilities, Allergies, etc) _____

	Baptism	Reconciliation	Eucharist	Confirmation
Sacraments received				

Student #4

Student Name _____ Male/Female _____ Date of Birth _____ Grade _____

Email _____ Phone Number _____

Medications _____

Special Needs (Medical, Learning Disabilities, Physical Disabilities, Allergies, etc) _____

	Baptism	Reconciliation	Eucharist	Confirmation
Sacraments received				

Student #5

Student Name _____ Male/Female _____ Date of Birth _____ Grade _____

Email _____ Phone Number _____

Medications _____

Special Needs (Medical, Learning Disabilities, Physical Disabilities, Allergies, etc) _____

	Baptism	Reconciliation	Eucharist	Confirmation
Sacraments received				

Note: If any of your children were baptized outside of this parish, and you have not already supplied us with a copy of each child's baptismal record, you will need to supply a copy for our files.

Emergency Contact

Name	Phone Number	Relationship
1.		
2.		

Suggested donation of \$40 per child for all students in K-12th Grade. The donation includes: administrative costs, building usage costs, resources, retreats, projects, and supplies. For scholarships, please contact Katie or Kathy at 918-272-3710.

Parent/Guardian Signature _____

Date _____

Office use only

Amount Paid _____

☐ Check# _____☐ Cash☐ Online

Date Recorded _____