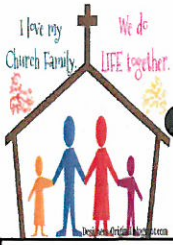


# St. Henry Catholic Church / Iglesias Catholica San Enrique



346 NW First St.

Gresham, Or 97030 ... 503-665-9129

[sthenrygresham.org](http://sthenrygresham.org)

Office Use Only.....

Date \_\_\_\_\_

Check # \_\_\_\_\_

Amt Pd \_\_\_\_\_

Balance \_\_\_\_\_

## Registration 2016-2017 Faith Formation...Religious Education Preschool—High School

Circle: Father / Step Father/ Guardian

Family Last Name: \_\_\_\_\_

Father's First Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Text Messaging? YES \_\_\_\_\_ NO \_\_\_\_\_

Primary E-Mail \_\_\_\_\_

Religion: \_\_\_\_\_

Circle: Mother/ Step Mother/ Guardian

Family Last Name: \_\_\_\_\_

Mother's First Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Text Messaging? YES \_\_\_\_\_ NO \_\_\_\_\_

Primary E-Mail \_\_\_\_\_

Religion: \_\_\_\_\_

**Emergency Information.....In the event of emergency, when you cannot be reached, whom should we contact?**

Contact Name \_\_\_\_\_ Primary Phone \_\_\_\_\_

**\*\*If the legal guardian or emergency contact cannot be reached, the bearer of this form is authorized to act on my behalf to seek medical treatment as they deem necessary for the child (ren) listed on this registration. I also understand and agree that the Archdiocese of Portland and St. Henry Catholic Church assumes no financial obligation for expenses incurred in carrying out emergency procedures and/or transportation. In addition, I give permission for my child (children) to be escorted from the parish center to the church on those occasions when their class visits the church.**

**\*\*I give permission for my child/(ren)'s pictures to be used in displays, brochures and on the web-site to communicate the importance of parish life to our members. NO NAMES will be published.**

Parent Signature \_\_\_\_\_

**\*\*Complete back side for students registration.**

Please complete each section . Mark areas for each child as appropriate...

**Faith Formation classes:**

Does your child need Sacraments? Please mark which one.

Session I...9:45-10:45 AM

Are you registering for Faith Formation Classes? Please mark according to age/grade.

Session II 12:15-1:15 PM

Mark section for Youth Ministry

Youth Ministry...7:00 Pm Wed.

**Registration for Sacraments, Elem.**

**Sacraments Needed**

**Formation Classes**

Class time...  
Choose one

**Youth Ministry classes Wed. eves @ 7:00 pm**

**Faith Classes and Youth Ministry**

Child's full Name	Age	Sex	Grade in the Fall	Baptism	Reconciliation	First Communion	Preschool 3-4 yrs	Kinder...4-5 yrs.	Elem. Grades 1-6	Sunday 9:45	Sunday 12:15	Grade 7 & 8	H S Confirmation	Grades 10-12
1.														
2.														
3.														
4.														
5.														

**Fee Schedule ...**

Family Fee: \$60.00

Supply Fee:

\$15 per child (\$15.00 X \_\_\_\_\_ ) =

Payment may be made in person or mailed to:

St. Henry Catholic Church  
346 NW First St.  
Gresham, Oregon 97030

Business Manager \* 503-665-9129

\*\*\*Note: Retreat fees & activity /outing fees for Jr. & Sr. High and Confirmation are due prior to each event. \*If your family needs financial assistance to participate in any of our programs please contact the appropriate program coordinator.  
Sara .....Sacramental /Eucharist Preparation  
Jeanne...Religious Education (3yrs-6th grade)  
Dave.....Youth Ministry & Confirmation

TOTAL = \_\_\_\_\_