



**St. Henry Catholic Church / Iglesias Catholica San Enrique**  
**346 NW First St.**  
**Gresham, Or 97030 ... 503-665-9129**  
**sthenrygresham.org**

## 2017-2018 Religious Education... Application for Registration- Aplicacion Para Registro

**Father/Padre: Information**

Father's Last Name/  
 Apellido del padre: \_\_\_\_\_

Father's First Name/Nombre del Padre:  
 \_\_\_\_\_

Address/domicilio: \_\_\_\_\_  
 \_\_\_\_\_

City/Ciudad: \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone/Telefono de Casa: \_\_\_\_\_

Cell/Celular: \_\_\_\_\_

Work Phone/Telefono de Trabajo: \_\_\_\_\_

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

Mensajes de texto? YES \_\_\_\_\_ NO \_\_\_\_\_

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

Correo electrónico:  
 \_\_\_\_\_

**Mother/Madre: Information**

Mother's Last Name/  
 Apellido de la madre: \_\_\_\_\_

Mother's First Name/Nombre de la Madre:  
 \_\_\_\_\_

Address/domicilio: \_\_\_\_\_  
 \_\_\_\_\_

City/Ciudad: \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone/Telefono de Casa: \_\_\_\_\_

Cell/Celular: \_\_\_\_\_

Work Phone/Telefono de Trabajo: \_\_\_\_\_

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

Mensajes de texto? YES \_\_\_\_\_ NO \_\_\_\_\_

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

Correo electrónico: \_\_\_\_\_

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

**Emergency Information/Informacion de Emergencia...In the event of emergency, when you cannot be reached, whom should we contact?/En caso de alguna emergencia, cuando no podemos contactarle, a quien debemos llamar??**

**Contact Name/Nombre \_\_\_\_\_ 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 registration/complete la parte trasera para el registro.**

# 2017-18 Faith Formation Registration

We invite you to share your faith by participating at Mass, praying as a family and bringing children to class each week. Your faith is a living testament to your children: embrace it, show it and most importantly, share it.

Faith Formation/Sacramental Prep classes meet Sunday **9:45-10:45am (Session 1) & 12:15-1:15 (Session 2)**. We offer religious education for grades preschool – 6th grade. Typically 1st Communion preparation is provided at the 2/3rd grade level. Parents are required to attend each 1st Communion class with their child. If you have questions regarding your specific needs please call the office to speak with Sara Wise, Director of Sacraments. 503-665-9129.

**Student:** \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Grade Entering in the Fall: \_\_\_\_\_ I CHOOSE: SESSION 1  I CHOOSE: SESSION 2

Sacraments Received:

Baptism  Yes  No      Reconciliation  Yes  No      1st Communion  Yes  No

*Note any allergies, physical restrictions, or other special needs:* \_\_\_\_\_

**Student:** \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Grade Entering in the Fall: \_\_\_\_\_ I CHOOSE: SESSION 1  I CHOOSE: SESSION 2

Sacraments Received:

Baptism  Yes  No      Reconciliation  Yes  No      1st Communion  Yes  No

*Note any allergies, physical restrictions, or other special needs:* \_\_\_\_\_

**Student:** \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Grade Entering in the Fall: \_\_\_\_\_ I CHOOSE: SESSION 1  I CHOOSE: SESSION 2

Sacraments Received:

Baptism  Yes  No      Reconciliation  Yes  No      1st Communion  Yes  No

*Note any allergies, physical restrictions, or other special needs:* \_\_\_\_\_

<p><b>Fee Schedule ...</b> <b>Tabla de Precios...</b></p> <p><b>Family Fee:</b> <span style="float: right;"><b>\$60.00</b></span></p> <p><b>Pago por Familia:</b></p> <p><b>Supply Fee:</b></p> <p><b>Pago por utiles:</b></p> <p><b>\$15 per child / nino</b> (\$15.00 X _____) = _____</p> <p><b>TOTAL</b> _____</p>	<p><b>Payment may be made in person or mailed to:</b></p> <p><b>St. Henry Catholic Church</b></p> <p><b>346 NW First St.</b></p> <p><b>Gresham, Oregon 97030</b></p> <p><b>Business Manager *</b></p> <p><b>503-665-9129</b></p>	<p><small>This box is for office use only</small></p> <p>Date: _____</p> <p>Amount Paid _____</p> <p>Cash/Check# _____/Credit/debit</p> <p>Date: _____</p> <p>Amount Paid _____</p> <p>Cash/Check# _____/Credit/debit</p> <p>Date: _____</p> <p>Balance _____</p>
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