

**SAINT HENRY CATECHETICAL CENTER
REGISTRATION FORM
SCHOOL YEAR _____**

Please enter your child's name and grade level for the **NEXT** school year. If you are registering a child for the **first time**, you will also need to complete and return the enclosed **permanent record card**.

STUDENT'S NAME: _____ GRADE: _____

STUDENT'S NAME: _____ GRADE: _____

STUDENT'S NAME: _____ GRADE: _____

STUDENT'S NAME: _____ GRADE: _____

STUDENT'S NAME: _____ GRADE: _____

STUDENT'S NAME: _____ GRADE: _____

PARENT'S NAME:(Father)_____ (Mother)_____

MAILING ADDRESS: _____
(Include PO Box)

TELEPHONE #: (h) _____ Cell phone: _____

EMAIL ADDRESS: _____

PARISH: _____ (St. Aloysius-SAP/ St. Bernard-SBP/ St. Francis-SFP/St. Henry-SHP/St. Wendelin-SWP)

By my signature, I authorize the St. Henry Catechetical Center to enroll my son/daughter into the release time program. I understand the importance of my child's religious education and will help to instill the values taught within the program.

SIGNATURE _____ DATE _____