ST. HELEN CATHOLIC ACADEMY – REGISTRATION FORM
MOM AND ME PROGRAM

Date: _____ Parishioner of St. Helen: _____Yes _____No

Registration #: _____ Religion: _____

Registration Fee Paid: _____ Gender: _____Male _____Female

Date of Birth: _____

Child's Name: _____
(Last) (First) (Middle)

Address: _____

_____

Home Phone #: _____

Email Address: _____

Mother's Cell: _____ Father's Cell: _____

Mother's Name: _____
(Last) (First)

Mother's Address: _____

Father's Name: _____
(Last) (First)

Father's Address: _____

Emergency Contact: Name: _____

Address: _____

Phone #: _____ Relationship:_____

Baptismal Certificate _____ Baptismal Church: _____

_____
(Location)

Birth Certificate _____ Immunization Records _____

Please Select:

Monday AND Wednesday 9:00 am – 10:30 am _____

Monday ONLY 9:00 am – 10:30 am _____

Wednesday ONLY 9:00 am – 10:30 am _____