

## Sacred Heart Parish Faith Formation Registration Form 2019-2020

Registration Fee: \$30.00 1 child \$60.00 2 children \$80.00 Family

**\*\*\* If your child is completing a Sacrament this year, Please add \$25.00 to your total registration. Thank you!\*\*\***

Family Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/Town \_\_\_\_\_ state \_\_\_\_\_ zip \_\_\_\_\_  
Home Phone \_\_\_\_\_  
E-mail \_\_\_\_\_

Mother's Name \_\_\_\_\_  
Cell phone \_\_\_\_\_  
Marital Status \_\_\_ married \_\_\_ single \_\_\_ divorced \_\_\_ widow

Father's Name \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Marital Status \_\_\_ married \_\_\_ single \_\_\_ divorced \_\_\_ widow

Are there any situations (births, deaths, illness, or family situations that would she be aware of? This information will be kept private, but can help us to respond to their needs in a religious education setting.

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**Please sign:**

I grant permission for the use of my child/children's photo, voice, or image in promotional materials and public relations programming.

**Signature** \_\_\_\_\_

In case of a medical emergency when the parents cannot be reached, please call:  
Family's Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

Student's name \_\_\_\_\_

Grade as of September 2019 \_\_\_\_\_ Birthday \_\_\_\_\_

Sacrament completed:

**Baptism First Reconciliation First Holy Communion Confirmation**

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Student's name \_\_\_\_\_

Grade as of September 2019 \_\_\_\_\_ Birthday \_\_\_\_\_

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Student's name \_\_\_\_\_

Grade as of September 2019 \_\_\_\_\_ Birthday \_\_\_\_\_

Sacrament completed:

**Baptism First Reconciliation First Holy Communion Confirmation**

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**Does your child/children have a disability or special needs that may require attention in Faith Formation? (i.e. medication taken, physical handicaps or limitations, food allergy, sight, learning disabilities, etc.?)**

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