



# Sacred Heart Religious Education Program

## REGISTRATION FORM 2018 - 2019

Child's Name: \_\_\_\_\_ Gender: M / F

Birthdate: \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

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

### Sacraments COMPLETED: (circle)

Baptism

Reconciliation

1st Communion

Confirmation

Father's Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Father's Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Mother's Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

\*\*Best Number to send text messages - \_\_\_\_\_\*\*

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**\*\*If not baptized at Sacred Heart, a baptismal certificate must be presented to complete registration.\*\***

### **PERMISSION NEEDED**

Photos are taken of the children at different times doing different activities. I give my permission to use these photos **without** identifying captions for publicity, publication, or as deemed appropriate.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### **Medical/Special Needs**

Please explain any special needs (including allergies) your child/children may have.

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