



# Sacred Heart Religious Education Program

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## REGISTRATION FORM 2019 - 2020

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

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

**Sacraments COMPLETED: (circle)**

**Baptism      Reconciliation      1st Communion      Confirmation**

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

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

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

**Address** \_\_\_\_\_

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

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

Best E-mail address - \_\_\_\_\_

**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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