



2023 - 2024

Diocese of Trenton
Sacred Heart Religious Education Program – Grades K-8

NEW STUDENT REGISTRATION FORM

Please print clearly or type all information below. Thank you.

Student's Name: Last First Middle

Address: Street Town State Zip

Cell or Home Phone: ( ) Grade:
Grade entering in Sept.

Email address:

Date of Birth: Place of Birth: (city/state)

If your child has any medical concerns please explain:

Are there any custodial issues? If yes, please explain YES NO

Please indicate below the person/s to be contacted in the case of an emergency:

A. Name: Phone: ( )

B. Name: Phone: ( )

C. Name: Phone: ( )

Promotional Release

I also consent to the use of any videotapes and/or photographs in which my child may appear by the Diocese of Trenton and/or the parish. I understand that these materials are being used for promotion of the parish Religious Education programs and/or activities. YES NO

Parent/Legal Guardian signature:

Tuition amount: \$65 per child Check # Amount paid:

\* Please make checks payable to Sacred Heart Parish

If this child was Baptized in any of the Parishes listed below, we have their records here.

Sacred Heart Church, Saint John's Church, Saint Francis Church, Saints Peter and Paul Church, Saint Stanislaus Church, Holy Cross Church, Blessed Sacrament Church, Our Lady of Divine Shepherd Church, Blessed Sacrament / Our Lady of Divine Shepherd Parish, and Divine Mercy Parish

Please be sure to submit a Baptism record from any other Parish / Church

**Family Information**

**2023 - 2024**

Mother's Name: \_\_\_\_\_ Cell Phone: (    )  
*Last Name/First Name*

Maiden Name: \_\_\_\_\_

Religion: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell Phone: (    )  
*Last Name/First Name*

Religion: \_\_\_\_\_

Legal Guardian: \_\_\_\_\_ Cell Phone: (    )  
*Last Name/First Name*

Religion: \_\_\_\_\_

**Parish of Registration** *(If other than Sacred Heart)*

Parish: \_\_\_\_\_

Parish Address: \_\_\_\_\_

*(Please note that you will need to be registered at Sacred Heart to attend Religious Ed.)*

**Student's Sacramental Information**

Baptism: \_\_\_\_\_ Church: \_\_\_\_\_  
*Date*

Address of Church: \_\_\_\_\_

First Communion: \_\_\_\_\_ Church: \_\_\_\_\_  
*Date*

Address of Church: \_\_\_\_\_

**Health Information**

**Does your child have learning needs?**

Yes  No  *If so, please explain:* \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(This above information is **confidential** and will be helpful for your child's classroom experience.)*