

SACRED HEART CHURCH 2011-2012
RELIGIOUS EDUCATION REGISTRATION - GRADES K-8

DATE: ___/___/___

CHILD'S NAME: _____

BIRTH DATE _____/_____/_____

GRADE: _____

BAPTISM: _____ CATHOLIC? _____ OTHER DENOMINATION? _____
Yes/No

DATE OF BAPTISM: _____ NAME OF CHURCH: _____
Year only

CITY/STATE/COUNTRY: _____

**If you are new please attach a copy of the baptismal certificate*

FIRST COMMUNION: _____ NAME OF CHURCH: _____
Yes/No

CITY/STATE/COUNTRY: _____

SPECIAL NEEDS: **Please list any Medical, learning disabilities, physical disabilities, allergies:**

FAMILY INFORMATION

ADDRESS: _____
Street City/State Zip

EMAIL: _____ /

(Please print clearly) Is email a good means of communication? Yes/No?

FATHER'S NAME _____

FATHER'S CELL# _____ WORK# _____

MOTHER'S NAME _____ Maiden
(_____)

MOTHER'S CELL# _____ WORK# _____
HOME PHONE # _____

\$40 Tuition paid \$ _____ Check# _____ Signature: _____