

SACRED HEART RELIGIOUS EDUCATION  
REGISTRATION FOR THE 2020-2021 SCHOOL YEAR

PARENT'S NAME: LAST: \_\_\_\_\_ MOTHER: \_\_\_\_\_ FATHER: \_\_\_\_\_  
Please check:  Married  Separated  Divorced  Mother/Father Deceased  Single Parent

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ PHONE NO: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ ALTERNATE PHONE NO: \_\_\_\_\_

My children are \_\_\_\_\_ returning \_\_\_\_\_ new to RE classes in the 2018 2020-2021

**REGISTRATION FORM DUE By August 31, 2020 LATE FEE \$25.00 if not paid by August 31, 2020**

CHILD'S NAME <small>include last name if different from parents</small>	2020-2021 GRADE	SESSION		YEAR AND CHURCH NAME OF		
				BAPTISM	EUCCHARIST	CONFIRMATION

SACRAMENTAL FEE FOR FIRST COMMUNION AND CONFIRMATION IS AN ADDITIONAL \$25.00

TUITION RATES:            1 STUDENT            \$85.00  
                                  2 STUDENTS            \$110.00  
                                  3 OR MORE            \$135.00

PAID: \_\_\_\_\_ OVER

## STUDENT EMERGENCY INFORMATION

FAMILY NAME: \_\_\_\_\_

FULL NAME OF CHILD	SEX	BIRTHDATE	SPECIAL HEALTH CONDITION

If parents are divorced, name of legal custodial parent: \_\_\_\_\_

Do you have joint custody? (Y/N) \_\_\_\_\_

If custodial parent cannot be reached, may parish contact non-custodial parent? (Y/N) \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

RESPONSIBLE ADULT(S) who have agreed to assume responsibility for child, if parent/guardian cannot be reached.

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
 RELATIONSHIP \_\_\_\_\_

PHYSICIAN OF CHOICE \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

HOSPITAL OF CHOICE \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

If you, or responsible adult, and physician of choice, as indicated above, cannot be reached in an emergency and in the judgement of the parish authorities, immediate medical and/or hospital attention is indicated, do you AUTHORIZE responsible parish authorities to send your child (properly accompanied) to an available hospital or physician? YES \_\_\_\_\_ NO \_\_\_\_\_

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_