

# RELIGIOUS EDUCATION REGISTRATION FORM 2017 - 2018

LAST NAME OF CHILDREN \_\_\_\_\_

- Enter the grade each child will be enrolled in the **upcoming** school year (2017 - 2018).

FIRST NAMES OF CHILDREN	GENDER (M/F)	DATE OF BIRTH	GRADE/SCHOOL
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DO ANY OF YOUR CHILDREN HAVE SPECIAL NEEDS?

NAME OF CHILD	SPECIAL NEED (ALLERGIES, MEDICATIONS, DISABILITIES, ETC.)
_____	_____
_____	_____

**PARENT/GUARDIAN INFORMATION**

- Please check (✓) box if information has not changed. If checked, please proceed to CELL PHONE(S), EMAIL ADDRESS AND EMERGENCY CONTACT INFORMATION.
- Please check (✓) box if married and living in the same household. If checked, you **do not need** to write any information that is the same **twice**.
- Please check (✓) box if communication needs to be made to two households.
- In the (F) and (M) columns, please check (✓) your preferred form of communication.

	(F)	FATHER/GUARDIAN	(M)	MOTHER/GUARDIAN
FIRST/LAST NAME		_____		_____
STREET ADDRESS		_____		_____
CITY		_____		_____
STATE		_____		_____
POSTAL CODE		_____		_____
HOME PHONE	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
WORK PHONE	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
CELL PHONE	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
EMAIL ADDRESS	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____

**EMERGENCY CONTACT INFORMATION – CONTACT IN CASE PARENTS CANNOT BE REACHED**

NAME \_\_\_\_\_ PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

*Please fill out the reverse side of this form.*

Are you currently a *registered* member of your parish?

Yes

No

TUITION, due in full by September 30, 2017: **\$55.00**

\_\_\_\_\_ Number of children enrolled in REP x \$55.00= \$\_\_\_\_\_ Due

**CATECHISTS, AIDES AND OFFICE ASSISTANT**  
Catechists receive a waiver on tuition for the REP year 2016 – 2017. Please skip to signature below and see Michelle Rethman for the Catechist Commitment Form.

**SACRAMENTAL INFORMATION**

Please check (✓) box if you previously filled in this information. If checked, you **do not need** fill out Sacramental Information again. Please proceed to the signature.

Below, please fill in the *parish* for each sacrament, and the *date*. ***If your child received a sacrament at a church other than Sacred Heart Church, I will need a copy of that certificate with this registration form.***

FIRST NAME OF CHILD	BAPTISM	DATE	FIRST RECONCILIATION	FIRST COMMUNION	DATE
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

I agree to pay the above charges and to abide by the Religious Education Program guidelines as set forth by Sacred Heart Church.

Parent Signature \_\_\_\_\_

**Please return this from with your payment to:**

Sacred Heart Church  
Attention: Michelle Rethman  
5010 Military Rd.  
Sioux City, IA 51103

Office Use Only

Date Received \_\_\_\_\_

Check No. \_\_\_\_\_

Initials \_\_\_\_\_