

RELIGIOUS EDUCATION REGISTRATION FORM 2018 - 2019

LAST NAME OF CHILDREN _____

- Enter the grade each child will be enrolled in the *upcoming* school year (2018 - 2019).

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 continue on the reverse side of this form.

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

Yes

No

TUITION, due in full by September 30, 2018: **\$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 2018 – 2019. 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 _____