

SACRED HEART RELIGIOUS EDUCATION

Registration For the **2018-2019** School Year

DATE _____

NAME _____
Last First Middle

Date of Birth _____ Place of Birth _____
City State

School _____ Grade in School _____

Sacraments Received:

_____ **Baptism** _____
Church City

_____ **Reconciliation** _____
Church City

_____ **Eucharist** _____
Church City

Fill in the bottom portion just **ONCE** for your family.

PARENTS: Father _____ Religion _____
Last Name First

Mother _____ Religion _____
Maiden First Name

ADDRESS _____
Street City State Zip Code

PHONE NUMBER _____ (Cell or Landline?) Email: _____

Are you open to receiving texts regarding Religion Class? YES _____ NO _____

In case of an emergency, whom should we call? (Other than parent) _____

Relationship _____ Telephone _____

Fee: **\$40.00 per family**

For Office Use only: Date Paid: _____ Check # _____