



2021-2022 PASTORAL REGION Religious Education Program Registration (REP)

Sacred Heart Church & St. Ann – Faith Formation Office
400 Nilles Road, Fairfield, Ohio 45014 (513) 858-4213 FAX (513) 858-4211



Date of Registration: _____ **Registration Deadline August 10, 2020**

Father _____ Religion _____ Work Phone _____ Cell _____
(First Name) (Last Name)

Mother _____ Religion _____ Work Phone _____ Cell _____
(First Name) (Last Name)

Mother's Maiden Name _____ or Legal Guardian: _____
(IF NOT PARENT)

Child/ren's Address _____ City _____ Zip _____

Home Phone _____ E-Mail _____

Designate which parish you are a registered member of:

St. Ann Sacred Heart Church Other

If not registered at either, where are you registered? _____

REP – Grades 1-8: Enroll student in same grade as in public school for this year unless instructed differently.

Grade 1-8 (In public school)	Child's LEGAL NAME	Gender (circle one)	Birth date	CYO Sports student will be playing this year
Gr. _____	_____	F/ M	_____	_____
Gr. _____	_____	F/ M	_____	_____
Gr. _____	_____	F/ M	_____	_____
Gr. _____	_____	F/ M	_____	_____

Did your child attend REP or Day School classes at St. Ann or Sacred Heart Church last year? _____

If not, were they enrolled in a Catholic program elsewhere? _____

If so, where? _____

(Proof of attendance is required.)

If not, why not?

~~~~~  
**In the event of an emergency, please contact (only if parents are not available):**

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**SACRAMENTS RECEIVED BY REP (Grades 1-6) STUDENT**

Under Sacraments Received **check the box** if child has received **Baptism, First Eucharist, Reconciliation**, and/or **Confirmation**. Before First Grade child should be Baptized; Second Graders receive Reconciliation & First Eucharist; Sixth Graders receive Confirmation. A child must have been enrolled in program year BEFORE sacrament year.

| GRADE | Child's First & Last NAME | Sacraments Received<br>B F E R C                                                                    | Baptized<br>(Circle one) | Name of Church or faith baptized in: |
|-------|---------------------------|-----------------------------------------------------------------------------------------------------|--------------------------|--------------------------------------|
| _____ | _____                     | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Yes No                   | _____                                |
| _____ | _____                     | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Yes No                   | _____                                |
| _____ | _____                     | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Yes No                   | _____                                |
| _____ | _____                     | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Yes No                   | _____                                |

**SACRAMENT EXCEPTION**

The following information is to clarify the standing of a child who has received a sacrament earlier, or was/is being delayed in receiving a sacrament now.

The time frame is based on the order as normally practiced for that sacrament by your parish.

1. Child's Name: \_\_\_\_\_ (Sacrament/s delayed/not received: \_\_\_\_\_)

Reason: \_\_\_\_\_

**OR**

**Sacrament(s)**  
**Received early:** \_\_\_\_\_ **Date Received:** \_\_\_\_\_

Church where Sacrament was received: \_\_\_\_\_

Address if other than Sacred Heart: \_\_\_\_\_  
(Complete Street address) (City) (State) (Zip)

Reason Sacrament received early \_\_\_\_\_

2. Child's Name: \_\_\_\_\_ (Sacrament/s delayed/not received: \_\_\_\_\_)

Reason: \_\_\_\_\_

**OR**

**Sacrament(s)**  
**Received early:** \_\_\_\_\_ **Date Received:** \_\_\_\_\_

Church where Sacrament was received: \_\_\_\_\_

Address if other than Sacred Heart: \_\_\_\_\_  
(Complete Street address) (City) (State) (Zip)

Reason Sacrament received early \_\_\_\_\_

2019-2020 MEDICAL INFORMATION — COMPLETED BY PARENT OR LEGAL GUARDIAN — PLEASE PRINT

PLEASE FILL OUT **ONE MEDICAL INFO FORM PER CHILD** —

**FOR MORE THAN ONE CHILD USE ADDITIONAL DBLE SIDED MEDICAL INFO FORM — ONE CHILD PER SIDE**

Child's Name \_\_\_\_\_ Birth date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Child's Soc.Sec.No.\* \_\_\_\_\_

Allergies \_\_\_\_\_

Medications \_\_\_\_\_

Chronic Conditions (e.g. epilepsy, diabetes) \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone No. \_\_\_\_\_

~~~~~  
Medical Insurance Co. _____ Policy No. _____

Policy Holder's Name _____

Phone No. (h) _____ (w) _____ (c) _____

Birth date ____ I ____ I _____ Soc.Sec.No.* _____

*** Social Security Number is optional.** Please note that some hospitals WILL NOT treat without it. You may use your driver's license number in place of SS number but it may not be accepted by medical institution for treatment to take place.
(See *Activity Information* form)

SPECIAL MEDICAL INSTRUCTIONS &/OR INFORMATION PERTAINING TO THIS CHILD, write below:

OFFICE USE ONLY

PDS Id# _____

Name: _____

Total amount waived:

(Adjusted) Balance Due:

Date: _____

Amt. Pd. \$ _____

Check # _____

Cash: Receipt Given:

Balance Due: _____

Posted on: _____

Batch # _____

~~~~~  
Date: \_\_\_\_\_

Amt. Pd. \$ \_\_\_\_\_

Check # \_\_\_\_\_

Cash:  Receipt Given:

Balance Due: \_\_\_\_\_

Posted on: \_\_\_\_\_

Batch # \_\_\_\_\_

~~~~~  
Date: _____

Amt. Pd. \$ _____

Check # _____

Cash: Receipt Given:

Balance Due: _____

Posted on: _____

Batch # _____

Interested in helping with the REP/CCD program? **YES** **NO**

I have a high school student who needs service hours and is willing to help in the office or classroom on Monday nights. **YES** **NO**

Registration Fees are due at the time of registration.

Financial considerations are available. Please fill out *Fee Waiver/Adjustment* form and submit with this registration form.

Catechists & Helpers receive tuition discount. Please fill out *Fee Waiver/Adjustment* form and submit with this registration form.

TUITION IS AS FOLLOWS:

- 1 Child \$40**
- 2 Children \$60**
- 3 Children \$70**
- Each additional \$5**

Tuition Fee: \$ _____

Previous Unpaid Fees: \$ _____

ALL previous balances due must be paid in full at time of registration.
See Bryan Miller if you have any questions or concerns.

TOTAL DUE: \$ _____

Please sign below:

(parent/guardian signature)

MAKE CHECK PAYABLE TO: Sacred Heart Church and note that it is for REP/CCD tuition at bottom of check. Please remit **FULL PAYMENT WITH FORM**, to Sacred Heart Faith Formation Office, or drop in Sunday collection basket in envelope marked **ATTENTION: Marianne at Sacred Heart.**

OFFICE USE ONLY

NOTES: _____

Payment Arrangements: