

# Sacred Heart Religious Education Office

683 Bloomfield Avenue, Bloomfield Mailing address: 76 Broad Street, Bloomfield, NJ 07003 Tel: 973-743-4061

## REGISTRATION - 2020-2021 School Year

(Please print clearly!)

Office Use

Check: \_\_\_\_\_ Cash: \_\_\_\_\_ Online: \_\_\_\_\_

### Registration Fee must accompany this form.

\$70 for one child / \$100 for two children / \$110 for three or more children

Checks are payable to: Sacred Heart Religious Education and due at time of registration or pay online at shcbloomfield.org.

### Family Information

Family Last Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Catholic: Y / N

Mother's Name: \_\_\_\_\_ Catholic: Y / N

Mother's Maiden Name: \_\_\_\_\_

Home address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Family email address: \_\_\_\_\_

Person(s) allowed to pick-up children at dismissal: \_\_\_\_\_

### Contact Information

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

Father Cell: \_\_\_\_\_

Mother Cell: \_\_\_\_\_

Emergency Contact#: \_\_\_\_\_  
& relationship \_\_\_\_\_

circle preferred method of contact:  
Father cell Mother cell home phone email  
other \_\_\_\_\_

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### Individual Member Information

First & Last Names of Child: \_\_\_\_\_

Sex: Male / Female Birthdate: \_\_\_\_\_ First Language: \_\_\_\_\_ Other languages: \_\_\_\_\_

Sacraments received: Baptism Date: \_\_\_\_\_ Church of Baptism: \_\_\_\_\_

Reconciliation Date: \_\_\_\_\_ Communion Date: \_\_\_\_\_ Church of Communion \_\_\_\_\_

Education: Grade level in Fall 2020: \_\_\_\_\_ School: \_\_\_\_\_

Religious Education: Grade levels or last grade level attended: \_\_\_\_\_ Where: \_\_\_\_\_ When: \_\_\_\_\_

Special Needs (allergies, medical, educational, etc.): \_\_\_\_\_

Uses an Epi-Pen: Yes No

May we use your child's picture for church purposes? (Names will not be used) Yes No

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