

SACRED HEART RELIGIOUS EDUCATION PROGRAM ENROLLMENT FORM (2017-2018)

PARENT'S NAME: _____
(last) (first) (middle initial)

ADDRESS _____ City _____

PHONE(s) Home: _____ Cell: _____ Email: _____

STUDENT #1: _____ / / _____

STUDENT #2: _____ / / _____

STUDENT #3: _____ / / _____

STUDENT #4: _____ / / _____
(last) (first) (middle) Birth date
(month/day/year) Grade

SACRAMENTS RECEIVED (Circle "yes" or "no")

	Student #1		Student #2		Student #3		Student #4	
Baptism	yes	no	yes	no	yes	no	yes	no
First Reconciliation	yes	no	yes	no	yes	no	yes	no
First Communion	yes	no	yes	no	yes	no	yes	no

TUITION PER FAMILY

(A PAYMENT MAY BE MADE AT TIME OF REGISTRATION OR AT THE FIRST CLASS)

Number of children enrolled:	1	\$ 90.00
	2	\$140.00
	3 or more	\$170.00
Sacrament Fee - 2nd Grade (First Reconciliation & First Communion)		\$30.00
Confirmation Retreat Fee		\$50.00
Non-Parishioner Fee (once per family)		\$90.00
	Total	
	Amount Paid	
	Balance Due	

If your child has a learning disability, please specify: _____

If your child was enrolled in a religious education program other than Sacred Heart Parish last year, please specify the parish and city: _____

Please list on reverse side any additional information you think we should know. (For ex: are there any allergies or health concerns? Does child's living arrangement change regularly that would affect his/her attendance?)