Sacred Heart Parish

Religious Education Program Enrollment Form 2025-26 Tiny Tots Child Ministry Youth Ministry Parent/Guardian #1 (Main contact) Last Name First Name Cell Phone: Email: Parent/Guardian #2 (Secondary contact) Last Name First Name Cell Phone: Email: **Mailing Address** Street Apt. No. City Zip Code **Physical Address** (if different from Mailing) Street Apt. No. City Zip Code **Emergency Contact** (Not listed above) Last Name First Name Cell Phone: Students to be Enrolled Student 1 First Name Middle Name Last Name (if different) Nickname Male / Female Sacraments Received (Circle one) DOB (mm/dd/yyyy) Grade □ Baptism Parish?: ☐ 1st Reconcilation Parish?: ☐ 1st Communion Parish?: Does your child have an IEP at school? ☐ Yes ☐ No Does your child need additional support in the classroom? Please explain: If your child is new/returning to Sacred Heart, has he/she attended religion education classes at another parish? ☐ Yes ☐ No If yes, please provide details of where and grade/s: Student 2 Middle Name First Name Last Name (if different) Nickname Male / Female **Sacraments Received** DOB (mm/dd/yyyy) Grade (Circle one) □ Baptism Parish?: ☐ 1st Reconcilation Parish?: ☐ 1st Communion Parish?: Does your child have an IEP at school? ☐ Yes ☐ No Does your child need additional support in the classroom? Please explain: If your child is new/returning to Sacred Heart, has he/she attended religion education classes at another parish? ☐ Yes ☐ No If yes, please provide details of where and grade/s:

Student 3					
First Name	Middle Name Last Name (if different)		Nickname		
Male / Female	Sacraments Received				
(Circle one) DOB (mm/dd/yyyy)	Grade	□ Baptism	Parish?:		
		☐ 1st Reconcilation	Parish?:		
Does your child have an IEP at school?	☐ Yes ☐ No	☐ 1st Communion	Parish?:		
Does your child need additional support in the	ne classroom? Please	e explai <u>n:</u>			
If your child is new/returning to Sacred Hear		I religion education classe	es at another parish	n? ☐ Yes	□ No
If yes, please provide details of where and g	rade/s:				
Student 4					
First Name	Middle Name	Last Name	e (if different)	Nickname	
Male / Female	Sacraments Received				
(Circle one) DOB (mm/dd/yyyy)	Grade	□ Baptism	Parish?:		
		☐ 1st Reconcilation			
Does your child have an IEP at school?	☐ Yes ☐ No	☐ 1st Communion	Parish?:		
Does your child need additional support in the					
,		<u></u>			
If your child is new/returning to Sacred Hear	t, has he/she attended	I religion education classe	es at another parish	ı? ☐ Yes	□ No
If yes, please provide details of where and g			р		
Tuition Fees Per Family (Payment is exp		•			¢20.00
Preschool (3 & 4 year olds): Number	r of students enrolled (please circle): 1			\$30.00
Grades K5-11: Number of strudents enrolled (please circle): 1					\$40.00 \$110.00
Orace No-11.		2			\$160.00
3 or more					\$200.00
Sacrament Fee - 2nd Grade (First Reconciliation and First Communion)					\$40.00
Confirmation Retreat Fee - 11th Grade					\$60.00
Non-Parishioner Fee (Once per family pe	r year)				\$110.00
				Total	
Amount Paid					
				Balance Due	
Please use this space for any additional info	ormation you think we	should know. (For exampl	e, are there any all	ergies, health cond	erns, or
learning disabilities? Is there a living arrange	ement that would affec	t their ability to attend cla	ss regularly?)		
Laura that all information in two and access	t and will inform Coon	alliant of any observa	المائمان مستور ما الأستار	. titi a.a. a.a. tima a.a.	
I agree that all information is true and correct payment arrangements that are mutually ag		eu meart of any changes.	i wiii pay my child's	s luition on time or	шаке
paymont arrangements that are mutually ay	rood upon.				
Signature of parent/guardian:					

