



SACRED HEART PARISH

Registration - Faith Formation K-6th Grade



Family Last Name _____ Address _____ City/zip _____

Mother/Guardian _____ Home Phone _____ Cell _____ Work _____

Father/Guardian _____ Home Phone _____ Cell _____ Work _____

Parish _____ Parent E-mail _____

Emergency Contact _____ Phone _____

| Child's Name | Gender | Date of Birth | Grade | School |
|--------------------------------------------------|----------|----------------|---------|--------------------------|
| | M F | | | |
| Please circle sacraments that you have received | that you | have received | Baptism | Eucharist Reconciliation |
| Please circle sacraments that you are requesting | that you | are requesting | Baptism | Eucharist Reconciliation |

| Child's Name | Gender | Date of Birth | Grade | School |
|--------------------------------------------------|----------|----------------|---------|--------------------------|
| | M F | | | |
| Please circle sacraments that you have received | that you | have received | Baptism | Eucharist Reconciliation |
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| Child's Name | Gender | Date of Birth | Grade | School |
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| Program Fees* | |
|---------------------------|--------------------|
| Religious Education | \$30.00 each Child |
| Sacramental Preparation | |
| 1st Reconciliation..... | \$20.00 each Child |
| 1st Communion..... | \$20.00 each Child |

| | |
|-----------------------------------------|----------|
| # Child ____ x \$30.00 | \$ _____ |
| Sacramental Preparation | \$ _____ |
| Donation to support Children's Ministry | \$ _____ |
| TOTAL COST | \$ _____ |
| Amt. Paid | \$ _____ |

* financial help available upon request: _____
 Aug. 2012