

**NEW REGISTRATION  
FOR ADDITIONAL CHILD IN FAMILY**

**FAMILY NAME:** \_\_\_\_\_

**CHILD'S FULL NAME:** \_\_\_\_\_

**Date of birth:** \_\_\_ / \_\_\_ / \_\_\_      **City & State:** \_\_\_\_\_

**BAPTISM**

**Church:** \_\_\_\_\_      **Date:** \_\_\_ / \_\_\_ / \_\_\_

**City:** \_\_\_\_\_      **State:** \_\_\_\_\_

*A copy of the baptismal certificate is required unless baptized at Sacred Heart*

**Medical problem:** \_\_\_\_\_

**School child attends:** \_\_\_\_\_      **Grade:** \_\_\_\_\_