

**SACRED HEART RELIGIOUS EDUCATION PROGRAM
FAMILY FAITH FORMATION REGISTRATION (GRADES 1 – 8)**

FAMILY NAME: _____ **HOME PHONE:** _____

ADDRESS: _____ **EMAIL:** _____

CITY: _____ **ZIP:** _____

REGISTERED PARISH MEMBER: Yes No

Mother's first name: _____ **Maiden Name:** _____

Religious Affiliation: _____

Place of Employment: _____ **Work Phone:** _____

Cell Phone: _____

Father's full name: _____

Religious Affiliation: _____

Place of Employment: _____ **Work Phone:** _____

Cell Phone: _____

Child lives with: _____

NAME OF CHILD	DATE OF BIRTH	SCHOOL	CURRENT GRADE IN FALL	SPECIAL NEEDS

SACRAMENT	YES	NO	DATE	CHURCH	CITY & STATE
Baptism <i>Provide copy if not SH</i>					
Eucharist					
Confirmation					

EMERGENCY CONTACT: _____ **PHONE:** _____

Person(s) who regularly or occasionally come for child at dismissal:

FEE: \$ 30.00 one child
\$ 45.00 family fee

Check payable to: **Sacred Heart Church**

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