

**Sacred Heart Catholic Church Faith Formation (K-8<sup>th</sup>) Registration Form 2020-2021 (PLEASE COMPLETE BOTH SIDES)**

Family Last Name: \_\_\_\_\_ Parish ID # \_\_\_\_\_ Need to register for parish? \_\_\_\_\_ Today's Date: \_\_\_\_\_

Student(s) live with (please circle): Both Parents Mother Father Guardian (Relationship): \_\_\_\_\_

Home Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Mother's best phone #: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_ Mother's Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Father's best phone #: \_\_\_\_\_

Father's Email: \_\_\_\_\_

For Flocknotes (Parish Communication tool) preferred method of communication:  text OR  email

**IN CASE OF EMERGENCY**, and in the event parents or legal guardians cannot be reached, please contact:

Name: \_\_\_\_\_ Relationship to child(ren): \_\_\_\_\_

Phone: \_\_\_\_\_ Permitted to release child(ren): YES NO (circle one)

Please initial before each line that you have read and understand each item:

\_\_\_\_\_ I understand a copy of my child(s) Baptismal Certificate, and all other Sacramental Certificates the student has **already** received, must be on file.

\_\_\_\_\_ I authorize and give full consent to photograph my child during parish activities and events. This may be used in the parish bulletin, parish web site or on parish bulletin boards.  **I DO NOT AUTHORIZE** the above photography consent. \_\_\_\_\_ **I am enclosing \$40 per student for (K-8<sup>th</sup>) Formation Year materials fee, \$60 for two children or \$75 for three children or more from the same family.**

\_\_\_\_\_ **I understand, in addition to the program materials fee, that there will be an additional materials fee per student for a child making First Communion or Confirmation this year. Additional paperwork will be sent home with the child once Faith Formation classes have begun.**

\_\_\_\_\_ I understand 2 consecutive years of recent faith formation are required before he/she can receive a Sacrament.

\_\_\_\_\_ I understand Faith Formation begins with the child attending 9:30am Sunday Mass and ends at 12:00pm.

**Please check all that apply!**

- Religious Education (K-8)  
1 child \$40
- 2 children \$60 family total
- 3 or more kids \$75 family total

**Total materials fee due:** \$ \_\_\_\_\_

**AMOUNT PAID** \$ \_\_\_\_\_

CASH  CHECK #: \_\_\_\_\_

**Students Information (Please print)**

1. LAST Name \_\_\_\_\_ FIRST Name \_\_\_\_\_ Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Age as of 9/1/2020: \_\_\_\_\_ Grade (Fall 2020) \_\_\_\_\_ Gender (*circle one*) Male Female Primary Language: \_\_\_\_\_  
School attending (2020-2021) \_\_\_\_\_

**SACRAMENTS ALREADY RECEIVED BY CHILD: (copies of sacramental certificates already received need to be on file with our church)**

Baptism Yes No First Reconciliation Yes No First Holy Communion Yes No Confirmation Yes No  
Baptized at Sacred Heart? Yes No Date? \_\_\_\_\_ Previous Religious Education Completed: \_\_\_\_\_

Any allergies, medications, medical problems, custody issues, etc. we should know about? \_\_\_\_\_

2. LAST Name \_\_\_\_\_ FIRST Name \_\_\_\_\_ Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Age as of 9/1/2020: \_\_\_\_\_ Grade (Fall 2020) \_\_\_\_\_ Gender (*circle one*) Male Female Primary Language: \_\_\_\_\_  
School attending (2020-2021) \_\_\_\_\_

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Baptized at Sacred Heart? Yes No Date? \_\_\_\_\_ Previous Religious Education Completed: \_\_\_\_\_

Any allergies, medications, medical problems, custody issues, etc. we should know about? \_\_\_\_\_

3. LAST Name \_\_\_\_\_ FIRST Name \_\_\_\_\_ Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Age as of 9/1/2020: \_\_\_\_\_ Grade (Fall 2020) \_\_\_\_\_ Gender (*circle one*) Male Female Primary Language: \_\_\_\_\_  
School attending (2020-2021) \_\_\_\_\_

**SACRAMENTS ALREADY RECEIVED BY CHILD: (copies of sacramental certificates already received need to be on file with our church)**

Baptism Yes No First Reconciliation Yes No First Holy Communion Yes No Confirmation Yes No  
Baptized at Sacred Heart? Yes No Date? \_\_\_\_\_ Previous Religious Education Completed: \_\_\_\_\_

Any allergies, medications, medical problems, custody issues, etc. we should know about? \_\_\_\_\_

Signature of Parent / Guardian \_\_\_\_\_ Print Name: \_\_\_\_\_