

Sacred Heart of Jesus Catholic Church

Parish School of Religion

Registration Form

K and Grades 1-12

For School Year 2017-2018

Father's Full Name: _____ Religion: _____

Mother's Full Name: _____ Religion: _____

Mother's Maiden Name: _____

Address: _____

Phone: _____

Home

Father's Work

Mother's Work

Primary E-mail Address _____

Stepparent/Guardian's Name: _____ Religion: _____

Relative or local contact (if parents cannot be contacted):

Name: _____ Relationship: _____

Address: _____ Phone: _____

Registration Fees for all grades will be: \$10.00 per child, with a \$30.00 maximum fee.

Parent Signature: _____ Date: _____

OFFICE USE ONLY

Amount Paid: _____ Date: _____

Payment received by: _____

CHILD #1

Phone: _____

Name: _____ Birthday: _____ Age: _____

Grade: _____ School Attending: _____

1. Has this child received any of the following Sacraments?

Baptism: yes / no Reconciliation: yes / no Eucharist: yes / no Confirmation: yes / no

2. Will this child be preparing to receive any sacraments this year? yes / no

If yes, which Sacrament: _____

3. Are there any special considerations of which we should be aware (allergies, asthma, etc.)?

4. May this child be given, as necessary: Aspirin? yes / no Tylenol? yes /no

5. Does this child have a physical or learning difficulty? yes / no

If yes, please explain: _____

CHILD #2

Phone: _____

Name: _____ Birthday: _____ Age: _____

Grade: _____ School Attending: _____

1. Has this child received any of the following Sacraments?

Baptism: yes / no Reconciliation: yes / no Eucharist: yes / no Confirmation: yes / no

2. Will this child be preparing to receive any sacraments this year? yes / no

If yes, which Sacrament: _____

3. Are there any special considerations of which we should be aware (allergies, asthma, etc.)?

4. May this child be given, as necessary: Aspirin? yes / no Tylenol? yes /no

5. Does this child have a physical or learning difficulty? yes / no

If yes, please explain: _____