

Sacred Heart Catholic Church  
Religious Education Registration

Family Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Father's Info:

Name: \_\_\_\_\_

E-mail: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Mother's Info:

Name: \_\_\_\_\_

E-mail: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Are you a registered member of Sacred Heart Parish? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Emergency Info if parent cannot be reached:**

For our records and for any possible emergencies that may arise, we ask that you fill out and sign this form.

I understand that the Religious Ed program will take place on parish grounds and that my child(ren) will be under the supervision of authorized parish personnel and volunteers. In case of an emergency, I grant permission to transport my child to the closest hospital for emergency medical or surgical treatment. I will be contacted as soon as possible and will be advised prior to any treatment by the hospital or doctor.

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company & Plan Number: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PHOTO RELEASE:**

\_\_\_\_\_ Yes, I hereby grant Sacred Heart Parish the right and permission to use photographic pictures of my child. Photos may be used for marketing purposes, such as in the church, bulletin, displays, diocesan and/or parish websites and Facebook, FAITH Magazine, etc.

\_\_\_\_\_ No, I decline to have my child's photograph displayed; however, I do allow my child to be in unidentified group pictures with no names mentioned.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please complete the individual child information on reverse side.*

**Please list all children being registered for Religious Ed:**

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Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Sacraments Received:

\_\_\_\_\_ Baptism Date & Church: \_\_\_\_\_

\_\_\_\_\_ First Reconciliation Date & Church: \_\_\_\_\_

\_\_\_\_\_ First Communion Date & Church: \_\_\_\_\_

\_\_\_\_\_ Confirmation Date & Church: \_\_\_\_\_

Please note any allergies or specific conditions we need to be aware of: \_\_\_\_\_

\*\*\*\*\*

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Sacraments Received:

\_\_\_\_\_ Baptism Date & Church: \_\_\_\_\_

\_\_\_\_\_ First Reconciliation Date & Church: \_\_\_\_\_

\_\_\_\_\_ First Communion Date & Church: \_\_\_\_\_

\_\_\_\_\_ Confirmation Date & Church: \_\_\_\_\_

Please note any allergies or specific conditions we need to be aware of: \_\_\_\_\_

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Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Sacraments Received:

\_\_\_\_\_ Baptism Date & Church: \_\_\_\_\_

\_\_\_\_\_ First Reconciliation Date & Church: \_\_\_\_\_

\_\_\_\_\_ First Communion Date & Church: \_\_\_\_\_

\_\_\_\_\_ Confirmation Date & Church: \_\_\_\_\_

Please note any allergies or specific conditions we need to be aware of: \_\_\_\_\_

**Notes:**

- **Cost is \$35 per student**
  - **There is an additional \$25 for students in the Confirmation Program for the retreat.**
- **If your child is in a Sacramental year, we will need a copy of their Baptismal certificate.**
  - First Reconciliation/First Communion: 2<sup>nd</sup> grade**
  - Confirmation: 9<sup>th</sup> grade**
- **Classes for Grades 1 through 8 will take place on Sunday mornings from 9:15am to 10:30am in the school.**
- **Confirmation Prep Classes will meet monthly from 5:00 - 7:30pm. Location to vary. (see schedule for dates).**

**For questions please contact Deacon John Amthor at (734) 904-0637 or [deaconjohn@sacredhearthurson.org](mailto:deaconjohn@sacredhearthurson.org)**