



Parish Religious Education Program Registration

Student's Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Birth Date: _____ City: _____ State: _____

Entering Grade: _____

Father's Name: _____

Cell Phone: _____ Email: _____

Mother's Name: _____

Cell Phone: _____ Email: _____

For children going into K/1st Grade or new to the program, and not baptized in Sacred Heart Parish, please mail a copy of their baptismal certificate to, or drop it off at, the Parish office.

Emergency Contact: In case of an emergency we always contact parents first; however, please list another emergency point of contact below.

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Who may pick up your child beside a parent: _____

Are you able to help in the classroom occasionally: _____

Are you interested in home schooling: _____

Medical Conditions

Allergies: _____

Conditions: _____

Medications: _____

Tuition: \$25 per family

Please consult the Parish website at www.sacredheartofjesus.org for updates and cancellations to the class schedule. In addition, your email address will be used by catechists or parish staff to notify you of emergency cancellations.