



Parish Religious Education Program Registration

Student's Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Birth Date: _____ City: _____ State: _____

Entering Grade: please circle one K 1st 2nd 3rd 4th 5th 6th 7th 8th

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: We always contact parents first in an emergency; 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: _____

If yes, who is available to help: _____

Medical Conditions

Allergies: Yes / No (If yes, please list) _____

Conditions: Yes / No (If yes, please list) _____

Medications: Yes/ No (If yes, please list) _____

Tuition: \$25 per family

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