

SACRED HEART FAMILY FORMATION REGISTRATION FORM 2021-2022

(Please Print-Signature required on page 2)

Parent Information		
Father's Name:	Primary Email:	
Mailing Address:		Cell #:
City:	State:	ZIP Code:

Parent Information		
Mother's Name:	Primary Email:	
Mailing Address:		Cell #:
City:	State:	ZIP Code:

Youth (1) Information			
Name:	Age:	Birthday:	Cell: () -
Responsive to Text: <input type="checkbox"/> Yes <input type="checkbox"/> NO		Email:	
School:		Grade:	
Sacraments Received: <input type="checkbox"/> Baptism <input type="checkbox"/> Reconciliation <input type="checkbox"/> Eucharist <input type="checkbox"/> Confirmation			

Youth (2) Information			
Name:	Age:	Birthday:	Cell: () -
Responsive to Text: <input type="checkbox"/> Yes <input type="checkbox"/> NO		Email:	
School:		Grade:	
Sacraments Received: <input type="checkbox"/> Baptism <input type="checkbox"/> Reconciliation <input type="checkbox"/> Eucharist <input type="checkbox"/> Confirmation			

Youth (3) Information			
Name:	Age:	Birthday:	Cell: () -
Responsive to Text: <input type="checkbox"/> Yes <input type="checkbox"/> NO		Email:	
School:		Grade:	

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Sacraments Received: <input type="checkbox"/> Baptism <input type="checkbox"/> Reconciliation <input type="checkbox"/> Eucharist <input type="checkbox"/> Confirmation
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Youth (4) Information			
Name:	Age:	Birthday:	Cell: () -
Responsive to Text: <input type="checkbox"/> Yes <input type="checkbox"/> NO		Email:	
School:		Grade:	
Sacraments Received: <input type="checkbox"/> Baptism <input type="checkbox"/> Reconciliation <input type="checkbox"/> Eucharist <input type="checkbox"/> Confirmation			

Youth (5) Information			
Name:	Age:	Birthday:	Cell: () -
Responsive to Text: <input type="checkbox"/> Yes <input type="checkbox"/> NO		Email:	
School:		Grade:	
Sacraments Received: <input type="checkbox"/> Baptism <input type="checkbox"/> Reconciliation <input type="checkbox"/> Eucharist <input type="checkbox"/> Confirmation			

Youth (6) Information			
Name:	Age:	Birthday:	Cell: () -
Responsive to Text: <input type="checkbox"/> Yes <input type="checkbox"/> NO		Email:	
School:		Grade:	
Sacraments Received: <input type="checkbox"/> Baptism <input type="checkbox"/> Reconciliation <input type="checkbox"/> Eucharist <input type="checkbox"/> Confirmation			

PERMISSION FOR PICTURES	
<p>I consent to the use of any video, photographs, slides, audiotapes, or any other visual or audio reproduction in which my son(s)/daughter(s) may appear by Sacred Heart Catholic Church to be published on various visual materials, website, and/or social media used solely to promote ministry within the parish.</p>	
<p>_____</p> <p>Parent/Guardian Signature</p>	<p>_____</p> <p>Date</p>

Please fill out this form and return it to the parish office. Office Hours: M-F 8-4, Parish Office Drop Box (24 hrs), Sacred Heart Church, 212 E. 6th St, Muenster, TX 76252, scan and email it to cvilla@shcmuenster.com or fax it to 940-759-4422.