



Sacred Heart Catholic Church  
 Children's Faith Formation Registration **2020-2021**  
 300 Dundee Road, Pinehurst, NC 28374

FAMILY NAME: (LAST) \_\_\_\_\_ HOME PHONE: \_\_\_\_\_  
 PARENTS NAMES: \_\_\_\_\_ MOM CELL: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ DAD CELL: \_\_\_\_\_  
 CITY, STATE, ZIP: \_\_\_\_\_ E-MAIL: \_\_\_\_\_  
 EMERGENCY PHONE: \_\_\_\_\_ EMER. NAME/RELATIONSHIP: \_\_\_\_\_  
 CUSTODIAL PARENT IF DIFFERENT FROM ABOVE: \_\_\_\_\_

Parents are Confirmed Catholic?  Mom /  Dad  
 Married by Priest?  Y /  N  Civil Marriage?  Separated?  Divorced?

Please note, emergency contact must be someone other than a parent – we always try to call you first!

**Children's Information**

Child Name	Birthdate	Gender	Grade
_____	____/____/____	_____	_____
Sacrament and Date	Baptism - Catholic?	Eucharist?	Penance?
	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Special needs (medical, learning disabilities, physical disabilities, etc.) :			
_____			

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_____	____/____/____	_____	_____
Sacrament and Date	Baptism - Catholic?	Eucharist?	Penance?
	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
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	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Special needs (medical, learning disabilities, physical disabilities, etc.) :			
_____			

For Homeschool Parents: Please check statement below and fill in the blank. Thank you.

       I will be homeschooling my children this year, using the \_\_\_\_\_ curriculum. I will be responsible for MONTHLY progress reports to the Dir. of Faith Formation.

**PHOTOGRAPHY/PRESS RELEASE**

Photographs, video recordings, written extractions, and/or voice recordings of program participants may be taken during various parish activities for the purpose of illustrations, publications, and websites/official Parish social media accounts.

I **HEREBY AUTHORIZE** and give full consent to Sacred Heart Catholic Church to publish all photographs, video recordings, written extractions, and/or voice recordings in which my child appears.

I **DO NOT** give consent or authorize Sacred Heart Catholic Church to publish photographs, video recordings, written extractions, and/or voice recordings in which my child appears.

We rely on the time and talents of volunteers to run the Religious Education program effectively. Because parents are the primary educators of their children, your participation in our program is required. Prayerfully consider how you will assist the Parish Faith Formation program and indicate how below.

- Teacher     Aide     Substitute     Hall Monitor     Adult Catechist  
 Other \_\_\_\_\_

**Are you/your family members Registered at Sacred Heart Catholic Church?**     Yes     No  
*If you are not already registered, please do so before classes begin. You must be a registered parishioner to receive a sacrament or to participate in religious education.*

**Do you attend Mass regularly as a family?**     Yes     No  
*We expect all children to attend Mass regularly. Parental actions and attitudes far outweigh any efforts our teachers and staff make to help your children grow in the Faith. In particular, Mass attendance weekly is required for **First Communion or Confirmation youth.***

**Signature:** \_\_\_\_\_    **Date** \_\_\_\_\_

<p style="text-align: center;"><b><u>2020-21 RELIGIOUS EDUCATION</u></b></p> <p style="text-align: center;"><i>“Suggested Donation” (to help defray cost of materials)</i></p> <p style="text-align: center;">\$25 one child \$35- two or more children</p> <p style="text-align: center;"><b>Donation: \$</b> _____</p>
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**Children's Information (four or more – include page 3)**

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Special needs (medical, learning disabilities, physical disabilities, etc.) :				

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