



K-1st grade

FAITH FORMATION 2021-2022 SACRED HEART CHURCH

Complete this form and return to the Parish office, Attention: Angela Cordes.
For questions call the rectory 274-1363 or text my cell - 760-399-0438 or email
angelac.sacredheart@gmail.com.

Student's Name (First, Last) _____

Student's Birth Date _____

Place/Date of Student's Baptism _____

Student's School _____ Grade _____

Father's Name _____

Mother's Name (including Maiden Name) _____

Family Address _____

Cell Phone _____

Primary contact for assignments _____ Parent's Email _____

Medical Concerns, Allergies, Special Needs: _____

Person who can assume temporary care of your child(ren) if you cannot be reached:

Relationship _____ Phone Number _____

Permission for Photographs/Videotapes/Films

I hereby authorize and grant my consent for taking pictures (moving or still) of my child(ren) and further grant my permission for their reproduction for: Teaching Purposes, News releases, Publications or Community Awareness

Signature/ Relationship/Date

Safe Environment Program

I hereby grant permission for my child(ren) to participate in the parish program for safe environment

Signature/ Relationship/Date