

2020 - 2021 RELIGIOUS FORMATION ENROLLMENT FORM

Registration Date: _____

Amt Paid: _____ Cash Check Credit/Debit

FAMILY'S LAST NAME: _____ Address: _____ City: _____ Home Phone _____

Father's Name: _____ Cell Phone: _____

Mother's Name: _____ Cell Phone: _____

Emergency Contact Name & Phone: _____

Email: _____

Parish you are registered at: _____
 _____ City: _____

Out of Parish Fee of \$75 added if not registered at Sacred Heart

**SEE THE REVERSE SIDE OF THIS FORM FOR THE
 MEDICAL TREATMENT RELEASE FORM.**

**THIS INFORMATION IS REQUIRED BY THE
 ARCHDIOCESE OF DETROIT.**

Student Name: _____ Date of Birth: _____ Special needs: _____	<p style="text-align: center;"><u>IMPORTANT: Copy of Baptism certificate required if not baptized at Sacred Heart</u></p> Church of Baptism: _____ City/State: _____ Received First Eucharist? Yes <input type="checkbox"/> No <input type="checkbox"/> Church: _____	Grade: _____ Sunday <input type="checkbox"/> Monday <input type="checkbox"/>
Student Name: _____ Date of Birth: _____ Special needs: _____	Church of Baptism: _____ City/State: _____ Received First Eucharist? Yes <input type="checkbox"/> No <input type="checkbox"/> Church: _____	Grade: _____ Sunday <input type="checkbox"/> Monday <input type="checkbox"/>
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