

SACRED HEART CATHOLIC COMMUNITY
RELIGIOUS EDUCATION REGISTRATION 2021-2022

Father's/Guardian's Name: _____ **Email:** _____

Phone # (cell) _____ (work) _____ (home) _____

Address: _____ City, State, Zip: _____

Religion: _____ **Marital Status:** Married Divorced Single Remarried Widowed

Mother's/Guardian's Name: _____ **Email:** _____

Phone # (cell) _____ (work) _____ (home) _____

Address: _____ City, State, Zip: _____

Religion: _____ **Marital Status:** Married Divorced Single Remarried Widowed

Student's live with: Both Parents Father Mother Stepparent Guardian Other

Student's Name: _____ **Gender:** _____ **Grade:** _____ **Birthdate:** _____

Place of Sacraments if not Sacred Heart: Baptism: _____

1st Reconciliation: _____ 1st Eucharist: _____

Student's Name: _____ **Gender:** _____ **Grade:** _____ **Birthdate:** _____

Place of Sacraments if not Sacred Heart: Baptism: _____

1st Reconciliation: _____ 1st Eucharist: _____

Student's Name: _____ **Gender:** _____ **Grade:** _____ **Birthdate:** _____

Place of Sacraments if not Sacred Heart: Baptism: _____

1st Reconciliation: _____ 1st Eucharist: _____

Student's Name: _____ **Gender:** _____ **Grade:** _____ **Birthdate:** _____

Place of Sacraments if not Sacred Heart: Baptism: _____

1st Reconciliation: _____ 1st Eucharist: _____

Does your student(s) special needs? _____

Does your student(s) have any allergies? _____

I permit my student(s) photo and name to be used in the bulletin or posted on social media: ____ Yes ____ No

I/We understand the importance of bringing my/our child/children to religious education and to church every weekend and on Holy days of obligation.

Father's/Guardian's signature: _____ **Dated:** _____

Mother's/Guardian's signature: _____ **Dated:** _____

