

Sacred Heart Faith Formation Registration Form
Fee: \$35 / child; \$50 / family

Family Name: _____

Home Phone: _____ **Cell Phone:** _____

Best time to be contacted: _____

Email: _____

Address: _____ **City:** _____ **Zip:** _____

Emergency Contact Info:

Permission to take Photos: YES NO

Child's Name: First _____ **Last** _____

Birth date: _____ **Gender:** M F **Grade entering:** _____

Has this child made their sacraments at Sacred Heart Parish? Yes No
If No, Have you given us a certified copy of baptismal certificate? Yes No

Special needs, medical and or physical such as allergies, learning problems, social problems:

Child's Name: First _____ Last _____

Birth date: _____ Gender: M F Grade entering: _____

**Has this child made their sacraments at Sacred Heart Parish? Yes No
If No, have you given us a certified copy of baptismal certificate? Yes No**

Special needs, medical and or physical such as allergies, learning problems, social pro

Child's Name: First _____ Last _____

Birth date: _____ Gender: M F Grade entering: _____

**Has this child made their sacraments at Sacred Heart Parish? Yes No
If No, have you given us a certified copy of baptismal certificate? Yes No**

**Special needs, medical and or physical such as allergies, learning
problems, social problems:**

Child's Name: First _____ Last _____

Birth date: _____ Gender: M F Grade entering: _____

**Has this child made their sacraments at Sacred Heart Parish? Yes No
If No, have you given us a certified copy of baptismal certificate? Yes No**

**Special needs, medical and or physical such as allergies, learning
problems, social problems:**

Father's full name: _____ **religion:** _____
Mother's full name: _____ **religion:** _____

Parent signature: _____ **Date:** _____

Who will be picking up your child (ren) after classes? _____

Office use only

Fee paid: _____ **Date:** _____