

**SACRED HEART PARISH  
27 HARPER ST.  
STAMFORD, NY 12167  
607-652-7170**



**REGISTRATION FORM**

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Phone:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_

**Allergies or Food/Health  
Restrictions:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

**Parent's  
Signature:** \_\_\_\_\_