SACRED HEART RELIGIOUS EDUCATION 2016-2017
REGISTRATION FORM

_____
FAMILY NAME FATHER'S NAME MOTHER'S NAME

ADDRESS: _____ _____
Street/Route/Box City State Zip HOME Phone #

EMAIL: _____ WORK or CELL Phone # _____

_____ Check if you would be willing to substitute or help in the classroom or hallways.

GRADE	CHILD'S NAME	GRADE	CHILD'S NAME
GRADE 1	_____	GRADE 7	_____
GRADE 2	_____	GRADE 8	_____
	**First Reconciliation and First Communion*		**Confirmation*
GRADE 3	_____	GRADE 9	_____
GRADE 4	_____	GRADE 10	_____
GRADE 5	_____	GRADE 11	_____
GRADE 6	_____	GRADE 12	_____

FEE: $25 per child (1-2) or $60 per family (3 & above) TOTAL FEE and METHOD OF PAYMENT _____

"As a Catholic parent I understand that I have a duty and responsibility in passing on the Catholic faith to my children. I take seriously this responsibility and intend to the best of my ability to work with and support my children in learning their Catholic faith."

_____ _____
Parent signature (optional) Parent signature (optional)

***I give permission for my child's photos, videos or other media to be placed on the Sacred Heart School / Parish web site. Yes ___ No ___