

**SACRED HEART RELIGIOUS EDUCATION 2017-2018
REGISTRATION FORM**

FAMILY NAME FATHER'S NAME MOTHER'S NAME

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

EMAIL: _____

CELL Phone # _____ Yes, sign me up for text alerts!

<u>GRADE</u>	<u>CHILD'S NAME</u>		<u>GRADE</u>	<u>CHILD'S NAME</u>
GRADE 1	_____		GRADE 7	_____
GRADE 2	_____		GRADE 8	_____
	<i>*First Reconciliation and First Communion</i>			<i>*Confirmation</i>
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 ___