Sacred Heart Catholic Church

Religious Education Registration
Sacred Heart Parish

Academic Year: 2025/2026
$20/student

Parent's Name: _____

Address: _____

City: _____ Zip Code _____ Email _____

Home Phone: _____ Cell Phone: _____

Emergency Contact & Phone _____ _____

Child's Information	Sacraments Received	Y/N	Year	Parish	Medical Conditions/Allergies Other pertinent information	Office Use
Full Name:	Baptism					
	Reconciliation					
Birthdate:	1st Communion					
Grade:	Confirmation					
Full Name:	Baptism					
	Reconciliation					
Birthdate:	1st Communion					
Grade:	Confirmation					
Full Name:	Baptism					
	Reconciliation					
Birthdate:	1st Communion					
Grade:	Confirmation					
Full Name:	Baptism					
	Reconciliation					
Birthdate:	1st Communion					
Grade:	Confirmation					

(List other children on back or attach additional form)

*****Students preparing for Sacraments MUST present a Baptismal certificate before classes begin*****

How can you Assist? (Please choose at least one): Teacher _____ Teacher's Aide _____ Substitute Teacher _____
Snacks _____ Crafts _____ Music _____ Christmas Program _____ Other _____

Signed: _____ Date: _____/_____/_____