

**SUBSCRIBE TO EMAIL NOTIFICATIONS on our WEBSITE: www.sacredheartreligion.org
CHECK FOR REMINDERS AND CHANGES ON OUR HOMEPAGE! BOOKMARK US &
PUT US ON YOUR FAVORITES LIST! ALWAYS STAY IN THE LOOP!**

- NEW REGISTRATION Date of Registration: _____
 Transfer Student Transferred from Parish: _____

SACRED HEART FAITH FORMATION PROGRAM 2020-21

**Registration CANNOT be guaranteed until the fee is paid, and we have
a copy of your child's Baptismal certificate.**

Payment Info: One child is \$150. Each additional child is \$50. Pay by CASH or a
CHECK made out to Sacred Heart Religious Ed.
Please talk to us about any financial issues.

Name of Student: _____
(Please Print)

Address:

(Number & Street) (City) (State) (Zip)

Home Phone: _____ Cell Phone: _____

Email: _____

Public School for 2020-21 _____

Public School GRADE for 2020-21 _____

**DO YOU HAVE ANOTHER CHILD (OR CHILDREN) CURRENTLY ENROLLED IN OUR Faith
Formation PROGRAM?** YES NO

If YES, Name: _____

Name: _____

Name: _____

Emergency Information-Must Be Completed. If Parent or Guardian Can't Be Reached Call

Name of Person to Call: _____

Phone No.: _____

Relationship to Child: _____ SEE NEXT PAGE →

For Office Use Only: ___ FEE PAID DATE: _____

Check # _____ **OR** _____ Cash Balance Owed: _____ Fee Waived

EXPLANATION: _____

INFORMATION NEEDED FOR OUR RECORDS – ALSO, PLEASE NOTIFY US AT ONCE WITH ANY CHANGES TO YOUR ADDRESS, PHONE NUMBER OR EMERGENCY INFO

Father's Name: _____ **Father's Religion:** _____

Father: Living At Home Divorced Separated Deceased

Father's Day Telephone No.: _____ Work Home

Father's Cell Phone: _____

Mother's FIRST Name and MAIDEN Name: (PLEASE PRINT)

Mother's Religion: _____

Mother: Living At Home Divorced Separated Deceased

Mother's Day Telephone No.: _____ Work Home

Mother's Cell Phone: _____

MAIL should be sent to (name & address) _____

Child's Date and Place of Birth: _____

Child's Church for Baptism: _____

Baptism Date: _____

Baptism Certificate on File: Yes No

Child's Church for First Eucharist: _____ **Date:** _____

Child's Church for First Reconciliation: _____ **Date:** _____

Child's Church for Confirmation: _____ **Date:** _____

SEE NEXT PAGE →

Child's Health Information

Is your child allergic to anything or have any conditions we should know about?

Yes No

If yes, please specify _____

In order to best serve your child and provide for his/her safety, please indicate any special, emotional, physical, or educational needs OR if there are any court orders or custody issues. None Yes

If yes, please specify: _____

Child's Academic Information

Child's School Grades or Performance:

Average Above Average Below Average

Is your child in any Remedial Program or have an IEP? Yes No

If yes, please specify: _____

**Important Info for Your Child's Dismissal
(should we meet for any reason this year.)**

- Yes, I allow my child to walk home on his or her own.
- I will be there personally to pick up my child.
- Someone other than myself, will be picking up my child. Please indicate who: _____

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Sacred Heart Faith Formation
84-05 78th Avenue
Glendale, NY 11385
(718) 386-5616 or (718) 456-9217
religioused1@prodigy.net
www.sacredheartreligion.org



STATEMENT OF PARISH AFFILIATION

Each Catholic school/academy in the Diocese of Brooklyn must make an effort to ensure that young people receive First Sacraments in their home parish where they worship each Sunday. This document is intended to identify the child's Eucharistic Community which is not necessarily the site of his or her school community.

- For the purposes of this form, parish affiliation is defined as the person's home parish. This is the parish church in which the child and his/her family worship regularly on Sundays.
- Catholics should be registered in the parish where they worship and should offer their presence and support, financial and otherwise, in said parish.
- Parents/ Guardians should fill out the form thoroughly and return it to the school/ academy **NO LATER THAN** September 15.
- The school/academy will compile a list of students and their affiliated parishes. They will then inform the parishes that have children in the school/.
- Students will receive First Sacraments in the parish they have identified as their home parish.

PARENTS/GUARDIANS PLEASE PRINT CLEARLY

FAMILY NAME _____

STUDENT'S FULL NAME _____ GRADE _____

TELEPHONE _____ EMAIL _____

Our family participates in Sunday worship (Mass) and takes part in the life of

_____ Church.

PARENT/GUARDIAN SIGNATURE _____

DATE _____

You must fill this out to register your child in our program.

Sacred Heart Parish Confidential Census

This information will not be shared with other Agencies.

Family Name _____

Date of Census ____ / ____ / ____

Address _____

Telephone # (____) _____

E-mail _____

Year of Registration in this Parish _____

Envelope # _____

Do you attend Mass in another Church? Yes _____

No _____

If yes which Church _____

How often? _____

Please list the languages spoken in your home. _____

Please list the head of your household in the first space. Then list each member of your household and indicate their relationship to the name in the first place.

1	First Name	Relationship	Date of Birth	Sex M or F	Marital Status	Religion	Please indicate Yes or No If you received these Sacraments		
							Baptism	Confirmation	1 st Eucharist
2.									
3.									
4.									
5.									
6.									
7.									
8.									

Next Page →

Do you have any children living in your household? Yes _____ No _____

If yes, please list their school(s) and current grade(s). If they attend a non Catholic School, do they attend Religious Education Classes?

Child's Name	School's Name	Grade	Religious Education Yes or No
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Do any members of your household belong to any of our Parish Groups or Organizations? Yes _____ No _____

If yes, please list them on the lines below:

Parishioner's Name	Parish Group or Organization
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Does anyone in your household have a profession, occupation, talent, hobby or interest that they would like to share with the Parish or to help meet Parish needs? Yes _____ No _____

If yes, would you like to share with us. Please use the lines below to explain / elaborate.

Name	Occupation, Talent, Hobby or Interest
------	---------------------------------------

Are any members of your household homebound or disabled? Yes _____ No _____ [Adult _____ Child _____]

Would you like a Priest and a Minister of Holy Communion to visit your homebound family member?

Yes _____ No _____

Do you have any concerns that you would like to discuss with Parish Priest or Staff member? Yes _____ No _____

Thank you for completing this census. If you desire you may attach a sheet with additional comments.

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Child Lures:
Empowering your children to protect themselves.

Dear Parents/Guardians,

As you know, there are people who prey on children out there in the world. Your children need some basics to help them protect themselves from such dangers. To help you, we will be presenting the *CHILD LURES* program to your child once a year in our religious education program. Giving your child this information once a year is a beginning, but it is you who can empower your child by discussing with them and reminding them of the dangers in their daily lives. To that end, we are providing you with the PARENT HANDBOOK so that you can also reinforce the *CHILD LURES* program with your children.

By signing below, you are acknowledging

- That you have received the *CHILD LURES Parent Handbook* and that we have asked you to read it and use it with your children. (You will receive this when you come in to register your child.)
- That you understand diocesan trained facilitators will present this material in an age appropriate way once this year to your child, and that your child will be given a *Child Lures Workbook*.
- That you are welcome to attend the presentation along with your child.

I have received my *CHILD LURES PARENT HANDBOOK* and have been asked to read it and use it with my children, and I also understand that this will be presented to my child this year at which time I am welcome to attend.

PROGRAM: Sacred Heart Faith Formation

YOUR CHILD'S FULL NAME (PRINT): _____

YOUR FULL NAME (PRINT): _____

SIGNED (parent/guardian signature): _____

DATE: _____