

Sacred Heart Faith Formation Program 2020-21 RE-REGISTRATION FORM

PAYMENT INFO:

One child is \$150. Any additional children in a family - \$50 each.

Payment is expected with your re-registration, **BUT, if there is a problem, please speak to us.** We can help. Make checks payable to: Sacred Heart Religious Ed.

PLEASE FILL OUT EVERYTHING ON THE FORM & PLEASE NOTIFY US AT ONCE SHOULD THERE BE ANY CHANGES TO YOUR CONTACT OR EMERGENCY INFO DURING THE YEAR.

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

My child _____
will be returning to Sacred Heart Faith Formation Program in the fall.

My child HAS COMPLETED the following Religious Education levels:

Please circle: Levels: K 1 2 3 4 5 6 7

Mail To Address: _____

Home Phone: _____

Email: _____

PUBLIC SCHOOL your child is attending in Sept. 2020 _____

PUBLIC SCHOOL GRADE your child will be in, in Sept. 2020 _____

Mother's CELL Phone: _____ Mother's WORK Phone: _____

Father's CELL Phone: _____ Father's WORK Phone: _____

Mother's FIRST and MAIDEN Name: _____

Mother: Living at Home Divorced Separated Deceased

Father's Full Name: _____

Father: Living at Home Divorced Separated Deceased

For Office Use Only: _____ FEE PAID DATE: _____

____ Check _____ Check # **OR** ____ Cash Balance Owed: _____

____ Fee Waived

EXPLANATIONS:

My child STILL NEEDS to receive the following SACRAMENTS:

___ **Baptism**

___ **First Communion**

___ **Confirmation**

Emergency Information

Name of Person to Call: _____

Telephone Number(s): _____

Relationship to Child: _____

Child's Health Information

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

Yes **No**

If yes, please specify _____

Any special emotional, physical or educational needs? **Yes** **No**

If yes, please specify: _____

If there is any other information (i.e. custody, court order, orders of protection, hospitalization) that we should know to better help or protect your child in our program, please indicate below and provide us with a copy of any pertinent documentation:

**Important Info for Your Child's Dismissal
(should we meet for any reason this school 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: _____