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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 2024-25**

**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:** \_\_\_\_\_

**PARENT Email:** \_\_\_\_\_

**Public School for 2024-25** \_\_\_\_\_

**Public School GRADE for 2024-25** \_\_\_\_\_

**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:** \_\_\_\_\_

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: \_\_\_\_\_

**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: \_\_\_\_\_

**Activity: Zoom Online Religious Education Meetings when offered.**

**Authorization and Waiver of Risk**

I hereby agree and consent to my above named Child(ren) participating in online video conferencing during the duration of the meeting by way of Zoom. I acknowledge that, despite careful and proper preparation, there is still a risk of injury when participating in any activity. I release and hold harmless the Diocese of Brooklyn, Sacred Heart of Jesus Church, Glendale, NY and community, parish staff, catechist, as well as any and all other participating organizations, their officers, agents, representatives, employees, and volunteers from any and all responsibility and liability for any injury, claim, costs, or any other damages whatsoever which may result from my Child's participating in the above-named "Activity". I further agree to assume full responsibility for the actions of my Child as well as for the payment of any and all debts incurred by my Child during his/her visit and participation in the above-named "Activity".

**Online Conferencing Code of Conduct**

To create the safest online community, the following guidelines will be put in place during the online gathering.

- Virtual sessions may be recorded. The recording will be used for safe environment purposes only.

**Code of Conduct for Youth Participants**

- Please dress as if meeting in person. Your clothing should be modest and appropriate.
- Student's screen must use correct names and appropriate backgrounds.
- Students remain on mute and only unmute when called upon.
- Students with questions use the "raise hand button."
- Parents are strongly encouraged to attend and students and families may not share the link to the virtual meeting with others.
- Please know that the sessions may be recorded for the safety of the participants and catechists.

We will automatically send the meeting link to Parent/Guardians.

**Promotional Photographs**

- In the interest of promoting future activities, video and still photographs may be taken during this and any event. This form constitutes written permission for Child's participation in the videotape and/or photographs, which may be used for future promotional efforts, including Sacred Heart of Jesus Church's website and social media.

**Authorization Signature (Required for Registration)**

By signing this Consent to Participate, Waiver and Release, I hereby acknowledge that I have read and fully understand all of the provisions contained above, and I knowingly consent to my Child participating in the above-named "Activity" and agree to be bound by the terms and provisions of this Consent to Participate, Waiver and Release. Furthermore, I certify that I am the Parent or Legal Guardian of the student named above and that all information provided is true and correct to the best of my knowledge.

**Print Parent/Guardian First and Last Name** \_\_\_\_\_

**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.**

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 <sup>st</sup> Eucharist
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								

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
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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.

Sacred Heart Faith Formation  
84-05 78th Avenue  
Glendale, NY 11385  
(718) 386-5616



***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.
- 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: \_\_\_\_\_

This page intentionally left blank.





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 **NOLATER 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, located at \_\_\_\_\_.

PARENT/GUARDIAN SIGNATURE. \_\_\_\_\_

DATE. \_\_\_\_\_