

**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 2025-26

**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 2025-26 _____

Public School GRADE for 2025-26 _____

**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 ☐ ~~Dead~~ **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 st 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
--------------------	------------------------------

_____	_____
_____	_____
_____	_____

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.

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.

By signing below, you are acknowledging:

- 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 understand that the CHILD LURES program 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:

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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. _____