

Sacred Heart Faith Formation Program 2025-26

RE-REGISTRATION FORM

Please do NOT use this form if registering your child for the 1st time!

PAYMENT INFO:

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

LATE FEE is \$50 AFTER JUNE. 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.

PLEASE SIGN UP FOR EMAIL NOTIFICATIONS on our WEBSITE: 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: _____

PARENT Email used for remote learning and meetings: _____

PUBLIC SCHOOL your child is attending in Sept. 2025 _____

PUBLIC SCHOOL GRADE your child will be in, in Sept. 2025 _____

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: _____

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:** _____