

SACRED HEART CHURCH
RELIGIOUS EDUCATION PROGRAM GRADES 1 - 8
 (518) 274-1363

2015-16 REGISTRATION
(for families new to the program)

FAMILY NAME _____

FATHER'S NAME _____ RELIGION _____

MOTHER'S MAIDEN NAME _____ RELIGION _____

PARENT(S) MARITAL STATUS: Married _____ Separated _____ Divorced _____
 Single _____ Widowed _____ Remarried _____

CHILDREN

(List only those children you wish to enroll in the program.)

A. Full Name *	B. Grade/School Sept. 2015	C. Baptism Date, Church, City	D. 1 st Communion Date, Church, City <i>(if applicable)</i>	E. 1 st Reconciliation Date, Church, City <i>(if applicable)</i>
1.				
2.				
3.				
4.				

Do any of the above children have any special concerns such as allergies, medical issues, special needs, learning challenges, and/or an IEP? Please identify which child and explain below if necessary.

(over)

CONTACT INFORMATION

STREET ADDRESS _____ P.O.BOX _____

CITY _____ ZIP _____

TO WHOM MAIL SHOULD BE ADDRESSED _____

LEGAL GUARDIAN (If applicable) _____

PHONE NUMBERS: Home _____ Cell _____

Other Cell _____ Business _____

EMAIL ADDRESS _____

PERSON WHO CAN ASSUME TEMPORARY CARE OF YOUR CHILD(REN) IF YOU
CANNOT BE REACHED: _____

Relationship _____ Phone Number _____

PERMISSION FOR PHOTOGRAPHS/VIDEOTAPES/FILMS

I hereby authorize and grant my consent for taking pictures (moving or still) of my child(ren) and further grant my permission for their reproduction for:

1. Teaching purposes 2. News release 3. Publication 4. Community awareness programs 5. All

Date

Signature/Relationship

Please state any restrictions you may have on the above.

SAFE ENVIRONMENT PROGRAM

I hereby grant permission for my child to participate in the parish program for safe environment (*further detail will be provided*).

Date

Signature/Relationship

Please state any restrictions you may have on the above.

Please return this form with payment according to the following fee schedule to: Sacred Heart Church, 310 Spring Avenue, Troy, NY 12180

1child - \$35.00; 2 children - \$65.00; 3 children - \$90.00; 4 or more children - \$100.00
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For office use only:

Date _____ Amount Received _____ Check# _____ Init _____