



SACRED HEART CHURCH

Iglesia del Sagrado Corazón

K-5 Religious Education Registration Form 2010-2011

Father's Name: _____ Religion _____

Mother's Name _____ Religion _____

Father's Address _____ City _____ Zip _____

Mother's Address _____ City _____ Zip _____

Email address _____

Home phone _____ Mother's Work Phone _____

Cell phone _____ Father's Work Phone _____

School(s) child(ren) attend: _____

Child's Name	Birth date	Baptism		Eucharist		Grade in School
		Yes	No	Yes	No	
First	M / D / Y					
Last						

Do any children have allergies or special medical needs? _____

Do any children have special learning needs? _____

Is your family registered with Sacred Heart Parish? _____

The Diocese requires 2 teachers per class, please consider helping in class, even once a month. _____

Cost : \$30 one child, \$50 for two, \$65 three or more

INCLUDE COMPLETED PERMISSION FORM ON BACK OF THIS SHEET