

Sacred Heart Catholic Church
Religious Education Registration

Family Name: _____ Home Phone: _____

Address: _____ City, State, Zip _____

Father's Info:

Name: _____

E-mail: _____

Cell Phone: _____

Mother's Info:

Name: _____

E-mail: _____

Cell Phone: _____

Are you a registered member of Sacred Heart Parish? _____ Yes _____ No

Emergency Info if parent cannot be reached:

For our records and for any possible emergencies that may arise, we ask that you fill out and sign this form.

I understand that the Religious Ed program will take place on parish grounds and that my child(ren) will be under the supervision of authorized parish personnel and volunteers. In case of an emergency, I grant permission to transport my child to the closest hospital for emergency medical or surgical treatment. I will be contacted as soon as possible and will be advised prior to any treatment by the hospital or doctor.

Emergency Contact Name: _____ Phone: _____

Family Doctor: _____ Phone: _____

Insurance Company & Plan Number: _____

Parent Signature: _____ Date: _____

PHOTO RELEASE:

_____ Yes, I hereby grant Sacred Heart Parish the right and permission to use photographic pictures of my child. Photos may be used for marketing purposes, such as in the church, bulletin, displays, diocesan and/or parish websites and Facebook, FAITH Magazine, etc.

_____ No, I decline to have my child's photograph displayed; however, I do allow my child to be in unidentified group pictures with no names mentioned.

Parent Signature: _____ Date: _____

Please complete the individual child information on reverse side.

Please list all children being registered for Religious Ed:

Name: _____ Date of Birth: _____ Grade: _____

Sacraments Received:

_____ Baptism Date & Church: _____

_____ First Reconciliation Date & Church: _____

_____ First Communion Date & Church: _____

_____ Confirmation Date & Church: _____

Please note any allergies or specific conditions we need to be aware of: _____

Name: _____ Date of Birth: _____ Grade: _____

Sacraments Received:

_____ Baptism Date & Church: _____

_____ First Reconciliation Date & Church: _____

_____ First Communion Date & Church: _____

_____ Confirmation Date & Church: _____

Please note any allergies or specific conditions we need to be aware of: _____

Name: _____ Date of Birth: _____ Grade: _____

Sacraments Received:

_____ Baptism Date & Church: _____

_____ First Reconciliation Date & Church: _____

_____ First Communion Date & Church: _____

_____ Confirmation Date & Church: _____

Please note any allergies or specific conditions we need to be aware of: _____

Notes:

- **Cost is \$35 per student**
- **If your child is in a Sacramental year, we will need a copy of their Baptismal certificate.**
First Reconciliation/First Communion: 2nd grade
Confirmation: 9th grade
- **Classes for Grades 1 through 8 will take place on Sunday mornings from 9:15am to 10:30am in the school.**
- **Confirmation class will take place twice a month at alternating parishes from 6:30-8 p.m. If you have a child ready for Confirmation, please contact Jen Loar at 517-673-1185.**

For questions please contact Deacon John Amthor at (734) 904-0637 or deaconjohn@sacredhearthudson.org