

**Sacred Heart Parish  
Faith Formation Registration  
2020-2021**

FOR OFFICE USE ONLY  DATE OF FINAL PAYMENT:  _____
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Date: \_\_\_\_\_

**Are you a Member of Sacred Heart Parish? Y N      If no, would you like membership information? Y N**

**PARENTS/GUARDIANS**

**FATHER**

**MOTHER**

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

Religion: \_\_\_\_\_

Religion: \_\_\_\_\_

Children live with (circle) Mother Father Guardian Other situation (please explain) \_\_\_\_\_

**\*\*WE WILL CALL HOME ON WEDNESDAY EVENING WHEN A CHILD IS ABSENT THAT WE WERE PREVIOUSLY UNAWARE OF, PLEASE LIST THE PREFERRED NUMBER \_\_\_\_\_**

**LOCAL EMERGENCY CONTACT**

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

NAME OF PHYSICIAN \_\_\_\_\_

PHONE \_\_\_\_\_

MEDICAL INSURANCE COMPANY \_\_\_\_\_

POLICY # \_\_\_\_\_

IF I CANNOT BE REACHED IN CASE OF AN EMERGENCY, THE HOLDER OF THIS FORM IS AUTHORIZED TO ACT ON MY BEHALF TO SEEK MEDICAL TREATMENT AS THEY DEEM NECESSARY FOR THE CHILDREN LISTED ON THE INSIDE OF THIS REGISTRATION FORM.

**PLEASE COMPLETE ENTIRELY. \*Remember to include school names and grades for UPCOMING: FALL 2020**

CHILD'S LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_

NICKNAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ BORN CITY/STATE \_\_\_\_\_ MALE/FEMALE

SCHOOL ATTENDING 2019-2020 \_\_\_\_\_ SCHOOL GRADE FALL 2019 \_\_\_\_\_

Circle Answer: **WAS THIS CHILD BAPTIZED?** Yes No      **IF YES, WERE THEY BAPTIZED IN THE CATHOLIC FAITH?** Yes No

Please list church of baptism: \_\_\_\_\_ City and State \_\_\_\_\_

**HAS THIS CHILD RECEIVED?** Reconciliation: Yes No      Eucharist: Yes No      Confirmation: Yes No

**HAS THIS CHILD ATTENDED FAITH FORMATION OR CATHOLIC SCHOOL** (Circle last year attended) K 1 2 3 4 5 6 7 8 9 10 11

**ALLERGIES:** (Check those that apply) \_\_\_ Insect Bites/Stings \_\_\_ Food \_\_\_ Animals \_\_\_ Plants \_\_\_ Other \_\_\_\_\_

Please explain if any are checked \_\_\_\_\_

**MEDICAL HISTORY:** (Check those that apply)

\_\_\_\_\_ Asthma \_\_\_\_\_ Diabetes \_\_\_\_\_ Convulsions \_\_\_\_\_ Epilepsy \_\_\_\_\_ ADD/ADHD \_\_\_\_\_ Other

Please explain if any are checked. \_\_\_\_\_

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Please explain if any are checked. \_\_\_\_\_

Everyone must read and fill out the following form.

Regular class times for 2020-2021 are as follows: 1<sup>st</sup> – 7<sup>th</sup> grade will run from 6:15-7:15 PM  
8<sup>th</sup> & Confirmation 2 will run from 7:00 PM – 8 PM  
3<sup>rd</sup> -7<sup>th</sup> will be an online program

**There will not be Open Gym available this year**

**FAITH FORMATION FEES**

Registration fees for the Faith Formation program cover the cost of necessary materials through the school year, including but not limited to: textbooks, bible study programs, youth catechisms, refreshments, and youth ministry events. An additional fee will be asked of students in sacramental preparation to help offset the cost of additional books and/or retreats.

**\* Please note: It is Diocesan policy for students to attend Faith Formation classes one year prior to beginning sacramental preparation! For example: Student needs to attend both 1<sup>st</sup> and 2<sup>nd</sup> grade to receive First Eucharist. The same policy applies to Confirmation.**

\*There is a discount of \$25 if you choose an opportunity on the back to volunteer your time to the Faith Formation Program. Options are listed on the back of this page. School and Parish staff, along with Catechists and office volunteers, only pay Sacramental fees. There is no class fee for your children.

**PARISHIONER FEES (registered member of Sacred Heart at time of registration)**

1<sup>st</sup> child: \$95 2<sup>nd</sup> Child: \$40 3<sup>rd</sup> Child: \$30

Online Program for Grades for 3<sup>rd</sup> -7<sup>th</sup>: \$25

**NON-PARISHIONER FEES:** 1<sup>st</sup> child: \$105 2<sup>nd</sup> child: \$50 3<sup>rd</sup> Child: \$40

**In addition to the Parishioner/Non-Parishioner fees please include the following Sacramental fees:**

2<sup>nd</sup> grade-\$25 Confirmation 2-\$70 (only paid by students getting confirmed in 2020)

**Fees**

1<sup>st</sup> child \_\_\_\_\_  
2<sup>nd</sup> child \_\_\_\_\_  
3<sup>rd</sup> child \_\_\_\_\_  
SUBTOTAL \_\_\_\_\_  
VOLUNTEER DISCOUNT (\_\_\_\_\_) (less \$25 if volunteer opportunity checked on back page)  
SACRAMENTAL FEE \_\_\_\_\_  
**TOTAL FEES** \_\_\_\_\_  
**AMOUNT PAID** \_\_\_\_\_

If you are unable to pay, please speak with the Director of Faith Formation.

**BALANCE DUE** \_\_\_\_\_

I PREFER TO MAKE PAYMENTS \_\_\_\_\_

I agree to pay the above charges and to abide by Religious Education Department guidelines.

Parent Signature \_\_\_\_\_

Please return this form with your payment to: Sacred Heart Parish (Attention: April Duvalle)

**OFFICE USE ONLY**

Date Received \_\_\_\_\_ Cash/Check # \_\_\_\_\_ Amount \_\_\_\_\_ Initials \_\_\_\_\_

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**Volunteer Opportunities**

Please sign up for anything you are interested in and you will receive a phone call or email from the coordinator of those programs with more information.

\_\_\_\_\_ Catechist (I am not already signed up to be a Catechist for this coming year)

\_\_\_\_\_ Catechist Substitute

\_\_\_\_\_ Office Aide (Wednesday evenings: 6:30-7:30)

\_\_\_\_\_ Help with High School events

\_\_\_\_\_ Help with Middle School events

\_\_\_\_\_ Winter Retreat chaperone (January 1-3)

\_\_\_\_\_ Carpool for Middle School/High School events

\_\_\_\_\_ Spanish Translator (Wednesday evenings)

\_\_\_\_\_ Confirmation Retreat chaperone (November 16th-17th)

\_\_\_\_\_ LBH (Love Begins Here) Chaperone

\_\_\_\_\_ St. Pat's Day Breakfast

\_\_\_\_\_ Bake pastries or desserts for different events