

**Sacred Heart Parish
Faith Formation Registration
2021-2022**

FOR OFFICE USE ONLY
DATE OF FINAL PAYMENT: _____

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 2021

CHILD'S LAST NAME _____ FIRST _____ MIDDLE _____

NICKNAME _____ BIRTHDATE _____ BORN CITY/STATE _____ MALE/FEMALE

SCHOOL ATTENDING 2018-2019 _____ SCHOOL GRADE FALL 2021 _____

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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NICKNAME _____ BIRTHDATE _____ BORN CITY/STATE _____ MALE/FEMALE

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Please explain if any are checked. _____

MEDICAL HISTORY: (Check those that apply)

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Please explain if any are checked. _____

Everyone must read and fill out the following form.

Regular class times for 2021-2022 are as follows: 1st – 7th grade will run from 6:15-7:15 PM
8th – Confirmation 2 will run from 7:00 PM – 8:00 PM

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 1st and 2nd 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)

1st child: \$95 2nd Child: \$40 3rd Child: \$30

NON-PARISHIONER FEES: 1st child: \$105 2nd child: \$50 3rd Child: \$40

In addition to the Parishioner/Non-Parishioner fees please include the following Sacramental fees:
2nd grade-\$25 Confirmation 2-\$70 (only paid by students who will be in 9th grade in 2021)

Fees

1st child _____
2nd child _____
3rd 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: Patrick Andera)

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: 6:00-7:15)

_____ Office Aide (Wednesday evenings: 7:00-8:00)

_____ Vacation Bible School (August)

_____ Help with High School events

_____ Help with Middle School events

_____ Winter Retreat chaperone (January 2022)

_____ Carpool for Middle School/High School events

_____ Spanish Translator (Wednesday evenings)

_____ Confirmation Retreat chaperone (TBA)

_____ LBH (Love Begins Here) Chaperone (Summer of 2022)

_____ St. Pat's Breakfast (March 13th)

_____ Bake pastries or desserts for different events