

**SACRED HEART CATHOLIC CHURCH
FAITH FORMATION REGISTRATION
2015-2016**

Is your family registered at Sacred Heart Catholic Church? No Yes ENVELOPE # _____

FAMILY LAST NAME

HOME PHONE

ADDRESS

CELL PHONE

CITY/ STATE/ ZIP

E-MAIL

PARENTS/GUARDIANS

FATHER

MOTHER

NAME: _____

NAME (FIRST & Maiden): _____

Place of Employment: _____

Place of Employment: _____

Business/Cell Phone: _____

Business/Cell Phone: _____

Religion: _____

Religion: _____

LOCAL EMERGENCY CONTACT

NAME: _____

PHONE: _____

NAME OF PHYSICIAN: _____

PHONE: _____

MEDICAL INSURANCE CO. _____

POLICY # _____

If I cannot be reached, and in case of an emergency the bearer of this form is authorized to act on my behalf to seek medical treatment as they deem necessary for the child/children listed on this registration.

Signature of Parent/Guardian

Date

I give permission to use my child's picture in Parish/Diocesan publications and/or web sites.

Signature of Parent/Guardian

Date

Our Faith Formation program depends on volunteers. We can use your help. Please check your area(s) of interest.

_____ Catechist _____ Catechist Assistant _____ Children's Liturgy

REGISTRATION FEES

Payment is expected at time of registration.

Early Registration \$50.00 per Family if paid by August 30, 2015

Late Registration \$60.00 per Family after August 30, 2015

*****Scholarships are available*****

FOR OFFICE USE ONLY

Date: _____

Check #: _____

Check \$: _____

Cash \$: _____

