SACRED HEART RELIGIOUS EDUCATION

Tuition:

	\$100	per	child
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CHILD/REN'S LAST NAME

KINDERGARTEN

2024-2025 REGISTRATION

4- and 5-year-olds
Note: child must be
4 years old
by October 1st

For Office Use Only	

PLEASE PRINT CLEARLY

										Со	nta	ct E-	Mail	Ad	dres	S			Į												
(Primary Contact) Parent Full Name: Maiden Name:							P	Parent Full Name: Maiden Name:																							
Address:							*	*Address – If different:																							
City, S	tate /	Zip:											C	City, State / Zip:																	
Cell Phone: Religion:						C	Cell Phone (if different): Religion:																								
PAREN	ITAL S	TATU:	S:		Ma	arried	Ī	Se	parateo	t	Div	orced		S	ngle								,	Wido	wed						
CHILD	(REN) I	lives v	vitl	h :	Bot	th Pa	rents	M	other		Fat	her		G	uardi	an Na	me						(Guard	lian	Relat	ionsł	nip			
									Fir	st	Chi	ld:				S	ecc	nd	C	hilc	d :				-	Thir	d (:hi	ild:		
Last Name:					e:																										
First Name:					e:																										
Sex:					x:		M		/	F					M	/	<u>'</u>	F						M			F				
Date of Birth:																															
	Bap	tism	al	Da	te:																										
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M	edica	al Ne	ec	ds (Alle	rgie	s,																								
	Н	leari	ng	, Si	ght,	, etc):																								
Spec	cial se	ervic	es	rec	eiv	ed a	n																								
	(AD																														

Baptismal certificates for children is required at the time of registration. We will copy originals and return them to you.

Sacred	Heart Faith Formation Stude	ent(s) Emergency Information	
Child's Name	Age	Medical Allergies/history	
EMERGENCY CONTACT: Conta	act name should be other than parent o	r guardian	
Name	Relationship	Phone	
		t be reached, 911 will be called and child may be transportaties and expenses including transportation by the handling	
Signature of Parent or Guardian: _		Date	
0 1		ation to use photos take of my child(ren) while participating in photo. Photos may be utilized in the Sacred Heart Church bu	
	Photos MAY be used:		
	Photos MAY NOT be used: _		
Signature:		Date:	