

OFFICE USE ONLY:

Amount Due: _____

Check #: _____

Class: _____

Amount Paid: _____

Balance: _____

Room #: _____



SACRED HEART CATHOLIC CHURCH
2017-2018 FAITH FORMATION REGISTRATION
GRADES PK - HS

Today's Date: _____

Parish Registration #: _____

Child's Name: _____

Date of Birth / /

Grade in 2017-2018 school
year: _____

School: _____

Has your child received these sacraments?	Yes	No		Yes	No
Baptism	<input type="checkbox"/>	<input type="checkbox"/>	Confirmation	<input type="checkbox"/>	<input type="checkbox"/>
Reconciliation (Confession)	<input type="checkbox"/>	<input type="checkbox"/>	Eucharist (Communion)	<input type="checkbox"/>	<input type="checkbox"/>

Circle the grades your child has attended Faith Formation **here at Sacred Heart**:

PK K 1 2 3 4 5 6 7 8 9 10

Other Catholic religious education:

Church/School: _____ Grades: _____

In order to serve your child to the best of our ability, it is necessary for the catechist to know your child's abilities. Please indicate below any learning disabilities, medical conditions or other issues which may require special attention during class sessions.

Family Name: _____ Home Phone: _____

Father's Name: _____ Religion: _____

Work Phone: _____ Cell Phone: _____

Mother's Name: _____ Religion: _____

Work Phone: _____ Cell Phone: _____

Address: _____ City: _____ ZIP CODE: _____

➔ ➔ ➔ ➔ PLEASE COMPLETE BACK SIDE OF THIS FORM ➔ ➔ ➔ ➔

Child lives with: Both Parents Father Mother Other: _____

Who is responsible for this child's Mass attendance and practice of his/her religion?

I prefer to receive email instead of U.S. Mail: Yes No

Family email: _____

Any special family circumstances that may affect attendance at Mass or Faith Formation?

Are there any restrictions regarding adults who may not pick up the child from Faith Formation activities?

If so, please provide those names.

IN CASE OF AN EMERGENCY and in the event the parents or legal guardian cannot be reached, please contact:

Name: _____ Phone: _____

Relationship to child: _____

CHOOSE ONE: **Sunday Faith Formation Meets weekly (10:30-11:30 am)**

Wednesday Family Faith Meets bi-weekly (6:00-8:00 pm)
One parent must stay and participate with child/youth

FAITH FORMATION FEES: 04/23/17 – 06/30/17: \$63 per child/youth

07/01/17 – 08/31/17: \$70 per child/youth

09/01/17 or later: \$95 per child/youth

Some of our families need help with their tuition. Would you like to sponsor one of these children?

Yes, enclosed is my donation. ***Thank you for your generosity!***

Please check one or more areas in which you can assist your child's class:

Catechist

Catechist Assistant

Substitute Catechist

Office Volunteer

Prayer Partner

Hospitality

Signature: _____

Date: _____



ANNUAL PHOTO RELEASE

From time to time, photos are used in the parish bulletin and website as well as in newspapers, television and other media used to portray events occurring at our parish. These may or may not be accompanied by photos or videotape of students. The releases may be prepared by Sacred Heart Church or a media representative.

- I do give permission for my student's name and likeness to be included in such publicity releases.
- I do NOT give permission for my student's name and likeness to be included in such publicity releases.

Parent's Name (Printed)

Parent's Signature

Date

_____ Child's Name	_____ Grade
_____ Child's Name	_____ Grade
_____ Child's Name	_____ Grade
_____ Child's Name	_____ Grade

ACKNOWLEDGEMENT

I acknowledge that I have received, read, understand and accept the policies contained in the Faith Formation Family Handbook including the local Parish Program Policies and Procedures, Code of Conduct for Adults Working with Youth, Code of Conduct for Children and the Safe Environment Policies of the Diocese of St. Petersburg.

Please check all that apply and print/sign/date in the spaces provided.

- My child(ren) and I/we will attend the Parent/Student Safe Environment Education Program as scheduled by the Parish.
- I wish to receive all additional materials (beyond handbook policies) related to the Parent/Student Safe Environment Education Program.
- I do not wish to receive the materials (beyond handbook policies) related to the Parent/Student Safe Environment Education Program.

Parent's Name (Printed)

Parent's Signature

Date

_____ Child's Name (Printed)	_____ Grade
_____ Child's Name (Printed)	_____ Grade
_____ Child's Name (Printed)	_____ Grade
_____ Child's Name (Printed)	_____ Grade