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Amount Due:	Check #:	 Class:	
Amount Paid:	Balance:	 Room #:	





FAMILY FAITH FORMATION REGISTRATION FORM 2025-2026

Today's Date:						Parish F	Registra	tion #:					
Child's Name:													
Date of Birth		/	/			Gra	de in 202	25-2026	school	year:			
School:													
Has your child re	eceived [·]	these sa	cramen	ıts?		Yes	No					Yes	No
·		Baptisr	m					Conf	irmatio	n			
		Recond	ciliation	(Confe	ssion)			Euch	arist (Co	ommun	ion)		
C	ircle the	grades	your ch	ild has a	attend	ed Faith	n Format	ion her c	e at Sac	red Hea	art:		
PK	K	1	2	3	4	5	6	7	8	9	10		
Other Catholic re	ligious e	ducatio	n:										
Church/School:									Grad	es:			
Family Name:													
Father's Name:								eligion:					
Work Phone:							ell Phone						
Father's Email													
Mother's Name								ligion:					
Work Phone:						_ Ce	ell Phone						
Mother's Email	:												
Address:						City:			ZI	P CODE	:		

Child lives with:		Both Parents	☐ Father	☐ Mother	Other:	
Who is responsibl	e for t	his child's Mass at	ttendance	and practice of his/her	eligion?	
Are there any spe sessions?	cial fa	mily circumstance	s that may	affect participation in I	Mass or Family Faith For	mation
	ndicate	e below any learni	ng disabili	ties, medical conditions	ratechist to know your cl or other issues which m	
CHOOSE ONE:		Sunday Family F Formation	aith	The second secon	80AM-12:00PM) ust stay and participate	with
		Wednesday Fam Formation	nily Faith	child/youth Meets bi-weekly (6:30 At least one parent m child/youth	PPM-8:00PM) ust stay and participate	with
FAITH FORMATION	ON FE	ES: \$110.00 pe	er child			
Some of our famil	ies ne	ed help with their	tuition. V	Vould you like to sponso	r one of these children?	
☐ Yes, enclosed	is my	donation		. <u>Thank you for your ge</u>	nerosity!	
Signature:					Date:	





ANNUAL PHOTO RELEASE 2025-2026

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 videotapes of children. The releases may be prepared by Sacred Heart Church or a media representative.

	I do give permission for my child's name and likeness to be included in such publicity releases.					
	I do NOT give permission for my child'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 2025-2026

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, Social Communications Policy, and the Safe Environment Policies of the Diocese of St. Petersburg.

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

	•	nd I/we will attend the Parent/Student Safe ucation Program <mark>"Circle of Grace"</mark> on Wednesday, 025.					
	My child(ren) and I/we will NOT attend the Parent/Student Safe Environment Education Program "Circle of Grace" on Wednesday, November 12, 2025						
	I wish to receive all additional materials (beyond handbook policies) related to the Parent/Student Safe Environment Education Program "Circle of Grace".						
	I do not wish to receive the materials (beyond handbook policies) related to the Parent/Student Safe Environment Education Program "Circle of Grace".						
		Parent's Name (Printed)					
		Parent's Signature					
		Date					
Chile	d's Name (Printed)) Grade					
Chile	d's Name (Printed)	Grade					
Chile	d's Name (Printed)) Grade					
Chile	d's Name (Printed)) Grade					