

Due by July 1<sup>st</sup> at the latest

# Sacred Heart Religious Education

260 High Street - Mount Holly, NJ 08060

Phone: 609-267-6319

Email: rel.ed@parishofsacredheart.org

Web site: www.parishofsacredheart.org/religious-education

Office use only
NCB _____
Inter. Sacrament Prep _____
SN _____

This form can also be completed online – please go to the link above to access this form.

**Registration for:**  Fall Program { Tuesday, 5:30-6:45} { Wednesday, 5:30-6:45}  
 Summer Program {July 22-August 2} Office use only – Summer Pre-Approval?

*\*Please note that registration for the Summer Program must be pre-approved by the Religious Ed. Office.*

**Tuition:** *1<sup>st</sup> and 3<sup>rd</sup> through 7<sup>th</sup> Grades:* \$100 for each child. *2<sup>nd</sup> Grade:* \$110 for each child. *8<sup>th</sup> Grade:* \$120 for each child. \*Higher tuition for 2<sup>nd</sup> and 8<sup>th</sup> grades is to off-set costs associated with sacraments such as retreat, Confirmation robes, etc. Tuition may be paid online at the link at the top of this form, or via check made payable to Sacred Heart and mailed to the above address. If tuition poses an issue for your family, please contact us. All parish children are welcomed in our program regardless of financial concerns.

**New Student**       **Returning Student**

\*If your family is new to our program, please contact the office at 609-267-6319 before filling out this form.

## Student Information:

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade Level in school for 2019/2020: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

## Sacramental Record:

### *Baptism*

Was your child baptized at Sacred Heart? Yes  No  Date: \_\_\_\_\_

If “Yes,” you do not need to fill out the baptismal record below.

Church of Baptism: \_\_\_\_\_

Is your child’s church of baptism Catholic? Yes  No

Name of Church: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Baptism: \_\_\_\_\_

### *First Reconciliation/First Communion*

Has your child received First Reconciliation/First Communion yet? Yes  No

If you responded ‘yes,’ did he or she receive these sacraments at Sacred Heart? Yes  No

\*If your child received First Reconciliation/First Communion outside of Sacred Heart, please attach the sacramental record from that parish to this form.

=====

**Emergency Contact Information:**

To Parent or Guardian: To serve your child in case of an accident or sudden illness, it is necessary that you give the following information for emergency calls:

Mother's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

=====

List a neighbor or nearby relatives who will assume temporary care of your child if you cannot be reached:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Health or Allergy Information/Special Needs:**

Please list any known food/medication allergies as well as health/special needs information that are important regarding the care of your child. \*Please note that, in order to serve all of our children to the best of our abilities and resources, it is very important that parents include all pertinent information with regard to any health/allergies/special needs considerations. This information is kept confidential, and is only shared with your child's catechist on an as-needed basis.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I understand that photos of my child(ren) may be taken and used in Parish publications including web and print media (*please note that we never identify children by name in photos*).**

**I understand that in the case of injury or illness, every effort will be made to contact me in a medical emergency. In the event I cannot be reached, I give permission to parish staff to secure all proper and necessary treatment for my child(ren). I understand that no liability is assumed by the church or the Archdiocese for claims that may arise.**

**Parental Consent for Medical Care: In case of an emergency, I give permission for my child to receive emergency medical treatment and, if necessary, be transported to the nearest appropriate medical facility.**

Parent/Guardian Signature: \_\_\_\_\_ Date Completed: \_\_\_\_\_