

# SACRED HEART - ST. PATRICK 2018-19 RELIGIOUS EDUCATION REGISTRATION FORM FOR NEW FAMILIES ONLY

Fill Out Form If Your Child/ren Are New To Sacred Heart of Jesus ~ St. Patrick's Parish Or Our Religious Education Program

**FAMILY INFORMATION:**

Are you registered members of parish? Please Circle One: Yes No

Last Name: \_\_\_\_\_ Father: \_\_\_\_\_ Religion: \_\_\_\_\_  
 Maiden Name: \_\_\_\_\_ Mother: \_\_\_\_\_ Religion: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_ Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 If parents are divorced or separated, with whom is child/ren living? \_\_\_\_\_

**STUDENT INFORMATION #1**

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
 Gender: \_\_\_\_\_ City/State of Birth: \_\_\_\_\_ School: \_\_\_\_\_  
 SH = Sacred Heart Church SP = St. Patrick's Church  
 Baptism Date: \_\_\_\_\_ Place of Baptism: SH: \_\_\_\_\_ SP: \_\_\_\_\_ Other: \_\_\_\_\_  
 Reconciliation Date: \_\_\_\_\_ Place of First Reconciliation: SH: \_\_\_\_\_ SP: \_\_\_\_\_ Other: \_\_\_\_\_  
 First Eucharist Date: \_\_\_\_\_ Place of First Eucharist: SH: \_\_\_\_\_ SP: \_\_\_\_\_ Other: \_\_\_\_\_  
 Special Needs: \_\_\_\_\_

**STUDENT INFORMATION #2**

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
 Gender: \_\_\_\_\_ City/State of Birth: \_\_\_\_\_ School: \_\_\_\_\_  
 SH = Sacred Heart Church SP = St. Patrick's Church  
 Baptism Date: \_\_\_\_\_ Place of Baptism: SH: \_\_\_\_\_ SP: \_\_\_\_\_ Other: \_\_\_\_\_  
 Reconciliation Date: \_\_\_\_\_ Place of First Reconciliation: SH: \_\_\_\_\_ SP: \_\_\_\_\_ Other: \_\_\_\_\_  
 First Eucharist Date: \_\_\_\_\_ Place of First Eucharist: SH: \_\_\_\_\_ SP: \_\_\_\_\_ Other: \_\_\_\_\_  
 Special Needs: \_\_\_\_\_

**STUDENT INFORMATION #3**

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
 Gender: \_\_\_\_\_ City/State of Birth: \_\_\_\_\_ School: \_\_\_\_\_  
 SH = Sacred Heart Church SP = St. Patrick's Church  
 Baptism Date: \_\_\_\_\_ Place of Baptism: SH: \_\_\_\_\_ SP: \_\_\_\_\_ Other: \_\_\_\_\_  
 Reconciliation Date: \_\_\_\_\_ Place of First Reconciliation: SH: \_\_\_\_\_ SP: \_\_\_\_\_ Other: \_\_\_\_\_  
 First Eucharist Date: \_\_\_\_\_ Place of First Eucharist: SH: \_\_\_\_\_ SP: \_\_\_\_\_ Other: \_\_\_\_\_  
 Special Needs: \_\_\_\_\_

(Additional information on children can be written on reverse side.)