

Sacred Heart Parish
Children's Faith Formation Program
Registration 2018/2019

2nd Student Information

First Name/ _____ Last Name if different _____ Nickname _____

Date of Birth _____ Place of Birth _____ Age _____ Grade completed _____

Student Sacramental Information

Please complete the information for those Sacraments your child has celebrated:

- | | | | |
|-------------------------------|--------------|------------|----------------------|
| 1. Baptism _____ | Church _____ | City _____ | Month/Day/Year _____ |
| 2. First Reconciliation _____ | Church _____ | City _____ | Month/Day/Year _____ |
| 3. First Holy Eucharist _____ | Church _____ | City _____ | Month/Day/Year _____ |
| 4. Confirmation _____ | Church _____ | City _____ | Month/Day/Year _____ |

Is your child preparing to receive sacraments this year? If so which? _____

How many years has your child attended Faith Formation? _____
Where _____

Does this child have special learning needs? Please explain _____

Does this child have allergies or medical problems that we should be aware of? Please explain _____

3rd Student Information

First Name/ _____ Last Name if different _____ Nickname _____

Date of Birth _____ Place of Birth _____ Age _____ Grade completed _____

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If you need to add an additional student, please use a second form.