

**SACRED HEART/IMMACULATE CONCEPTION PARISH SCHOOL OF RELIGION
REGISTRATION 2018-2019**

Name of Student(s) 1) _____ Grade _____ Date of Birth _____

Date/Place of Baptism: _____

Date/Place of First Communion: _____

2) _____ Grade _____ Date of Birth _____

Date/Place of Baptism: _____

Date/Place of First Communion: _____

3) _____ Grade _____ Date of Birth _____

Date/Place of Baptism: _____

Date/Place of First Communion: _____

Mother's name: _____ Phone #: _____ Text ? Yes No

Father's name: _____ Phone #: _____ Text ? Yes No

Primary Address _____
Street/PO Box _____ City _____ Zip _____

Emergency Contact information if parents are unavailable:

Name/Phone #: _____

Email address: _____

Medical Condition(s)/Allergies/Special Needs? _____

If yes, please list medical concerns here. You may use the back of form if necessary.

Are you interested in becoming a PSR Catechist or do you know someone who might be? YES NO

Would you be interested in participating in the Child Protection Training? YES NO

Would you be interested in working with a Youth Group? YES NO

Individual - \$40 Family - \$65 Make checks payable to Sacred Heart Church

For Office Use Only: Date Pd. _____ Amount Pd. _____ Check # _____ Cash _____