

**SACRED HEART/IMMACULATE CONCEPTION PARISH SCHOOL OF RELIGION  
REGISTRATION**

**Family's Home Parish:** Sacred Heart \_\_\_\_ Immaculate Conception \_\_\_\_ Other \_\_\_\_\_

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 \_\_\_\_\_

Contact Email address: \_\_\_\_\_

Emergency Contact information if parents are unavailable:

Name/Phone #: \_\_\_\_\_

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 \_\_\_\_\_**