

**Sacred Heart Parish
Office of Religious Education
Registration 2010-2011**

Family Name _____ Amt. Pd _____ Ck # _____ Amt. Pd. _____ Check # _____

Address _____ City _____ Zip _____ Telephone No. _____

Father's Name _____ Religion _____

Mother's Name(include Maiden) _____ Religion _____

E-mail _____ Emergency Contact _____ Telephone No. _____

Parish in which you are registered _____ /Letter of permission from pastor

Name of Child	Birth date	Age	Grade 2010-2011	School	Church of Baptism/Location
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1. _____

2. _____

3. _____

4. _____

**Registration Fee: First Child--\$125, Second Child--\$50; All Additional children \$50.
Non-parishioner—Please add on a \$50 fee.**

MEDICAL CONCERNS: Please list on the back of this form any medical concerns or learning disabilities that will help us work more effectively with you and your child.

**PARENTAL CUSTODY CONCERNS: Please inform the director of any custodial needs or concerns—e.g. information to both parents.
Please return this form by August 15. A late fee of \$10 will be charged to offset the shipping of additional materials, etc.**

Class Schedule

Monday: Grades 1,3,4,5,7,8

Names of children attending Monday night: _____

Wednesday: Grades 1,2,3,4,5,6

Names of children attending Wednesday night: _____

Medical Concerns: _____

Parental Custody Concerns: _____

Opportunities to Volunteer

Please circle any areas you believe you could assist on the night your child(ren) attend religious education.

- Catechist (Teacher) Team Teach Aide Hall Monitor Parking Director**
Office Staff Substitute Catechist Substitute in other areas

All volunteers must attend the Safe Environment class and present a copy of a completed criminal background check and child abuse check.

NAME _____