

Sacred Heart Religious Education

260 High Street - Mount Holly, NJ 08060

Phone: 609-267-0209

Email: rel.ed@parishofsacredheart.org

Web site: www.parishofsacredheart.org/religious-education

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|-----------------------------|
| Office use only |
| NCB _____ |
| Inter. Sacrament Prep _____ |
| SN _____ |

Please note the following before filling out this form

Registration for: Fall Program { Tuesday, 5:30-6:45} { Wednesday, 5:30-6:45}
 Summer Program {July 16-27, 8:00-11:00am} **Office use only** – Summer Pre-Approval?

**Please note that registration for the Summer Program must be pre-approved by the Religious Ed. Office.*

New Student

*If your family is new to our program, please contact the office at 609-267-0209 ext. 307 before filling out this form. Please note that if your child is transferring from a program in another parish, you will need to obtain his or her Religious Education and sacramental records, including a copy of the baptismal certificate, for registration.

Returning Student

Student Information:

Last Name: _____

First Name: _____

Date of Birth: _____ Grade Level in school for 2018/2019: _____

Address: _____

Home Phone: _____

Sacramental Record:

Baptism

Was your child baptized at Sacred Heart? Yes No Date: _____

If “Yes,” you do not need to fill out the baptismal record below.

Church of Baptism: _____

Is your child’s church of baptism Catholic? Yes No

Name of Church: _____

Address: _____

Date of Baptism: _____

First Reconciliation/First Communion

Has your child received First Reconciliation/First Communion yet? Yes No

If you responded ‘yes,’ did he or she receive these sacraments at Sacred Heart? Yes No

*If your child received First Reconciliation/First Communion outside of Sacred Heart, please attach the sacramental record from that parish to this form.

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Emergency Contact Information:

To Parent or Guardian: To serve your child in case of an accident or sudden illness, it is necessary that you give the following information for emergency calls:

Mother's Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Father's Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

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List a neighbor or nearby relatives who will assume temporary care of your child if you cannot be reached:

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Relationship: _____

Health or Allergy Information/Special Needs:

Please list any known food/medication allergies as well as health/special needs information that are important regarding the care of your child. *Please note that, in order to serve all of our children to the best of our abilities and resources, it is very important that parents include all pertinent information with regard to any health/allergies/special needs considerations. This information is kept confidential, and is only shared with your child's catechist on an as-needed basis.

I understand that photos of my child(ren) may be taken and used in Parish publications including web and print media (*please note that we never identify children by name in photos*).

I understand that in the case of injury or illness, every effort will be made to contact me in a medical emergency. In the event I cannot be reached, I give permission to parish staff to secure all proper and necessary treatment for my child(ren). I understand that no liability is assumed by the church or the Archdiocese for claims that may arise.

Parental Consent for Medical Care: In case of an emergency, I give permission for my child to receive emergency medical treatment and, if necessary, be transported to the nearest appropriate medical facility.

Parent/Guardian Signature: _____ Date Completed: _____

