

SACRED HEART PARISH
RELIGIOUS EDUCATION PROGRAM

Date _____ Fees: Paid _____ Unpaid _____

Are you registered in Sacred Heart Parish? _____

If not, what parish you are registered in _____

PARENT OR GUARDIAN INFORMATION:

Parent(s) or Guardians(s) in residence with student

Name _____

mother's father's or guardian's

Address: _____ City _____

State _____ Zip code _____

Phone: _____

Home work

E-mail address: _____

Name and phone number we could reach in case of emergency

Name _____ Phone _____

**STUDENT INFORMATION: Please fill out information for each child
you are registering in the program.**

1. Student's Name _____

Grade _____ Birth Date _____ School _____

Check those Sacraments this student has received:

Baptism ___ Reconciliation ___ Eucharist ___ Confirmation ___

Please give COMPLETE answers to the following questions so we can insure the safety of your child and meet learning needs. Explain those that are concerns for this child, otherwise write "no".

Diet Restrictions _____

Regular Restrictions _____

Special Medical Conditions _____

Allergic Reactions (Medications, foods, plants, insects, etc.) _____

Learning Challenges (with reading, following directions, etc.) _____

Physical Challenges (hearing, sight, mobility, etc.) _____

Continued on the other side

2. Student's Name _____

Grade _____ Birth Date _____ School _____

Check those Sacraments this student has received

Baptism ___ Reconciliation ___ Eucharist ___ Confirmation ___

Please give COMPLETE answers to the following questions so that we can insure the safety of your child and meet learning needs. Explain those that are concerns for this child, otherwise write "no".

Diet Restrictions _____

Regular Medications _____

Special Medical Conditions _____

Allergic Reactions (medications, foods, plants, insects, etc.) _____

Learning Challenges (with reading, following directions, etc.) _____

Physical Challenges (hearing, sight, mobility, etc.) _____

3. Student's Name _____

Grade _____ Birth Date _____ School _____

Check those sacraments this student has received.

Baptism ___ Reconciliation ___ Eucharist ___ Confirmation ___

Please give COMPLETE answers to the following questions so that we can insure the safety of your child and meet learning needs. Explain those that are concerns for this child, otherwise write "no".

Diet Restrictions _____

Regular Medications _____

Special Medical Conditions _____

Allergic Reactions (medications, foods, plants, insects, etc.) _____

Learning Challenges (with reading, following directions, etc.) _____

Physical Challenges (hearing, sight, mobility, etc.) _____

4. Students Name _____

Grade _____ Birth Date _____ School _____

Check those Sacraments this child has received.

Baptism ___ Reconciliation ___ Eucharist ___ Confirmation ___

Please give COMPLETE answers to the following questions so that we can insure the safety of your child and meet learning needs.

Diet restrictions _____

Regular Restrictions _____

Special Medical Conditions _____

Allergic Reactions (medications, food, plants, insects, etc.) _____

Learning Challenges (with reading, following directions, etc.) _____

Physical Challenges (hearing, sight, mobility, etc.) _____