

# Sacred Heart Religious Education Registration Form – 2024/2025

215-35 38<sup>th</sup> Avenue Bayside, New York 11361  
(718) 631 – 1307 shreligiousdbayside@yahoo.com

Family Last Name: \_\_\_\_\_ Best Contact Phone # : \_\_\_\_\_

E-mail: \_\_\_\_\_ Are you a member of Sacred Heart Parish? \_\_\_\_\_

## **FAMILY CONTACT INFORMATION:**

Father's Name \_\_\_\_\_ Religion \_\_\_\_\_  
Last First

Mother's Name \_\_\_\_\_ Religion \_\_\_\_\_  
Maiden Last First

Home Address \_\_\_\_\_  
Number Street City State Zip

Father's Occupation \_\_\_\_\_ Cell/Work Phone \_\_\_\_\_

Mother's Occupation \_\_\_\_\_ Cell/Work Phone \_\_\_\_\_

Marital Status: \_\_\_\_\_ What language is spoken at home? \_\_\_\_\_

**EMERGENCY CONTACT: IF WE CANNOT REACH YOU** in the event of emergency, I give Sacred Heart permission to authorize Emergency Medical Treatment if necessary. I also give permission to contact:

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship to Child \_\_\_\_\_

\*For **First Time Registration** the Diocese of Brooklyn **REQUIRES** that you submit the **ORIGINAL BAPTISMAL CERTIFICATE** and immunization record to our office.

1. Student's Name \_\_\_\_\_  
Last First

School \_\_\_\_\_ Grade \_\_\_\_\_  
as of September as of September

Student's Date of Birth \_\_\_\_\_ Any physical handicaps, IEP's, reading problems, health problems, learning disabilities, or family situation that we should be aware?  
\_\_\_\_\_

\*BAPTISM \_\_\_\_\_  
Church Address Date

Has your child been in a Religious Education Program before? If yes, please enter Parish Name, City, State and Length of time attended. \_\_\_\_\_

Has your child received First Reconciliation or First Communion? If yes, please enter Parish Name, State and Date. \_\_\_\_\_

2. Student's Name \_\_\_\_\_  
Last First

School \_\_\_\_\_ Grade \_\_\_\_\_  
as of September as of September

Student's Date of Birth \_\_\_\_\_ Any physical handicaps, IEP's, reading problems, health problems, learning disabilities, or family situation that we should be aware?

\*BAPTISM \_\_\_\_\_  
Church Address Date

Has your child been in a Religious Education Program before? If yes, please enter Parish Name, City, State and Length of time attended. \_\_\_\_\_

Has your child received First Reconciliation or First Communion? If yes, please enter Parish Name, State and Date. \_\_\_\_\_

3. Student's Name \_\_\_\_\_  
Last First

School \_\_\_\_\_ Grade \_\_\_\_\_  
as of September as of September

Student's Date of Birth \_\_\_\_\_ Any physical handicaps, IEP's, reading problems, health problems, learning disabilities, or family situation that we should be aware?

\*BAPTISM \_\_\_\_\_  
Church Address Date

Has your child been in a Religious Education Program before? If yes, please enter Parish Name, City, State and Length of time attended. \_\_\_\_\_

Has your child received First Reconciliation or First Communion? If yes, please enter Parish Name, State and Date. \_\_\_\_\_

I am aware that my child(ren) will be presented the Child Lures Program during the school year. Also, my child/children may be photographed during Religious Education activities and the pictures may be used for publications.

I pledge to take seriously my responsibility to attend Mass each weekend with my child(ren). My child(ren) will attend religious class regularly.

Tuition is: \$125.00 for one child and \$100.00 for each additional child.

Our Parish has a FORMED subscription. Please set up your free account: [visit formed.org/signup](http://visitformed.org/signup) and select our parish.

Each family will be asked to meet a yearly Parish contribution of at least \$100, please contact the Rectory for Parish Registration at 718-428-2200.

Parent's Signature \_\_\_\_\_