

REGISTRATION

September 2018 - 2019

Sacred Heart

Religious Education Office
216-01 38th Avenue
Bayside, New York 11361
(718) 631 – 1307
shreligiousedbayside@yahoo.com

PLEASE PRINT OR TYPE

Student's Name _____
Last First

School _____ Grade _____
as of September as of September

Home Address _____
Number Street City State Zip

Home Phone Number _____ Cell Phone Number _____

Student's Date of Birth _____ Place of Birth _____

Are you a member of Sacred Heart Parish? _____ Envelope # _____

Please write your e-mail address here _____

INFORMATION REGARDING STUDENT'S FAMILY:

Father's Name _____ Religion _____
Last First

Mother's Name _____ Religion _____
Maiden Last First

Father's Occupation _____ Business Phone _____

Mother's Occupation _____ Business Phone _____

Are both Natural Parents living with this child? _____

If not, are the parents separated? _____ divorced? _____

Is the Father deceased? _____ Mother deceased? _____

What language is spoken at home? _____

Was child in a Religious Education Program before? Yes _____ No _____

If yes, please fill in the following information?

Parish Name _____ Address _____

Phone Number _____ Length of Time Attended _____

Do you have any other children in the Religious Education Program? Yes _____ No _____

If yes, please fill in the following information:

Name _____ School _____ Grade _____

TUITION:

Please check one of the following:

Tuition is: \$95.00 for one child &
\$85.00 for each additional child

I am enclosing the tuition at this time _____

I will pay the tuition at a later date _____

If there is any difficulty in paying the tuition, please call the Religious Education Office at 718-631-1307

SACRAMENTAL INFORMATION:

The diocese of Brooklyn **REQUIRES** that you submit the **ORINGAL BAPTISMAL CERTIFICATE** to our office. We will make a copy and return the original to you. This applies even if your child was baptized at Sacred Heart!

I am submitting a BAPTISMAL CERTIFICATE YES _____ No _____

BAPTISM _____
Church Address Date

FIRST COMMUNION _____
Church Address Date

RECONCILIATION _____
Church Address Date

CONFIRMATION _____
Church Address Date

EMERGENCY INFORMATION:

In an emergency, I give my permission for my child _____ to be treated by a Physician and given whatever EMERGENCY MEDICAL TREATMENT NECESSARY. I give my permission to Sacred Heart to authorize such treatment IF I CANNOT be reached.

Parent/Guardian Signature _____

Please give the name and phone number of someone whom we can contact if we cannot reach you.

Name _____ Telephone # _____

Relationship to Child _____

PERSONAL AND CONFIDENTIAL INFORMATION:

It has been our experience that sometimes our work with the children is ineffective because of certain family or personal problems of which we are unaware. If there is any special information we should have about your child, please indicate it here. (e.g. any physical handicaps, IEP's, reading problems, health problems, learning disabilities, etc..) This information will be kept confidential!

