

**REGISTRATION**

**September 2020 - 2021**

**Sacred Heart**

Religious Education Office  
215-35 38<sup>th</sup> 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: \_\_\_\_\_ Level: \_\_\_\_\_

\_\_\_\_\_

I am aware that my child will be presented the Child Lures Program sometime this year. \_\_\_\_\_

**TUITION:**

Please check one of the following:

Tuition is: \$115.00 for one child &  
\$95.00 for each additional child

I am enclosing the tuition at this time \_\_\_\_\_

I will pay the tuition by September \_\_\_\_\_

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!

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