



# Sacred Heart of Jesus

ROMAN CATHOLIC CHURCH

## Office of Faith Formation

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### 2016-2017 REGISTRATION FORM

**PLEASE PRINT LEGIBLY**

Date: \_\_\_\_\_

Student's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Sex (Circle One): Male or Female Date of Birth (Month, Day, Year) \_\_\_\_\_ Age: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Sacrament/s Needed: \_\_\_\_\_

\*Student resides with (please circle one)

Mr. & Mrs.                      Mr.                      Mrs.                      Ms.

\_\_\_\_\_  
Last Name                      Father's First Name [Religion]                      Mother's First & Maiden Name [Religion]

\_\_\_\_\_  
Street address                      City                      State                      Zip

Home Phone \_\_\_\_\_ Cell (DAD) \_\_\_\_\_ Cell (MOM) \_\_\_\_\_ Allow text (Yes) \_\_\_\_\_

Email address \_\_\_\_\_ (MUST HAVE ONE ON FILE, as this is the primary form of communication)

In case of emergency, if we are unable to contact you, please indicate the person we should contact:

NAME \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone \_\_\_\_\_

Is the child in a special education class? \_\_\_\_\_ Type: \_\_\_\_\_

Is the child on any medication? If yes, please list \_\_\_\_\_

Does the child have a vision, hearing or speech difficulty? If yes, please indicate \_\_\_\_\_

What languages are spoken at home? \_\_\_\_\_

Do you live outside of the parish? If yes, what is your parish? \_\_\_\_\_

Has the child been in the Religious Education Program before? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, when and where? \_\_\_\_\_  
(Date)

\_\_\_\_\_  
Name of the Church                      Address                      City                      State                      Zip

Certificate/s submitted:    Baptism: \_\_\_\_\_    First Communion: \_\_\_\_\_    Others: \_\_\_\_\_

Registration Fee is \$65 per child.

#### DO NOT WRITE BELOW THIS SECTION

TOTAL	AMT PAID	DATE PAID	BALANCE	RECEIPT #	STAFF INITIAL