

**Sacred Heart Church
Religious Education Programs
Grades 1-6 and 7-8
(518) 274-1363**

(Please Return By Friday September 8, 2017)

2017-2018 FAITH FORMATION REGISTRATION

FAMILY NAME _____

FATHER'S NAME _____ RELIGION _____

MOTHER'S MAIDEN NAME _____ RELIGION _____

PARENT(S) MARITAL STATUS: Married _____ Separated _____ Divorced _____

STREET ADDRESS _____ P.O. BOX _____

CITY _____ ZIP CODE _____

TO WHOM MAIL SHOULD BE ADDRESSED _____

LEGAL GUARDIAN (If Applicable) _____

PHONE NUMBERS: Home _____ Cell _____ OTHER _____

EMAIL ADDRESS _____

PERSON WHO CAN ASSUME TEMPORARY CARE OF YOUR CHILD(REN) IF YOU CANNOT BE REACHED _____

Relationship _____ Phone Number _____

ENROLLMENT IN PROGRAM

A. Child's Full Name	B. Catechism Grade Entering	c. Baptism Date, City, and Church	d. 1 st Communion Date, Church, City (if applicable)	e. 1 st Reconciliation Date, Church, City (if applicable)
1.				
2.				
3.				

ALLERGIES OR SPECIAL NEEDS: _____

SAFE ENVIRONMENT PROGRAM

I hereby grant permission for my child to participate in the parish program for the Diocesan **Safe Environment Program.**

Signature _____ Date _____

PERMISSION FOR PHOTOGRAPHS/VIDEOTAPES/FILMS

I hereby authorize and grant my consent for taking pictures (moving or still) of my child(ren) and further grant my permission for their reproduction for:

Check all that apply:

- _____ Teaching purposes
- _____ News releases
- _____ Publications
- _____ Community awareness programs

Signature _____ Date _____

Please return this form with payment according to the following fee schedule to:

Sacred Heart Church
Faith Formation Registration
c/o Matt Ingold
310 Spring Avenue
Troy, NY 12180

1 child - \$40.00 2 children - \$70.00 3 or more children - \$90.00

For office use only: Date _____ Amount Received _____ Check # _____ Initials _____