FEE: \$35 PER STUDENT

2022-2023 Student Information for Basilica of the Sacred Heart of Jesus Parish Grades 1-8

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name(s)
Address:
Mom/Guardian Phone Number:
E-mail Address:
Dad/Guardian Phone Number:
E-mail Address:
L-man Address.
Are you a registered member of Sacred Heart Parish: YES NO
If "No", where are you registered?

PLEASE COMPLETE THE CHILD INFORMATION ON THE NEXT PAGE

Adam & Bridget Wurtz 717-630-1144 bridgetwurtz@gmail.com

PARENT/GUARDIAN NAME:	

Student Information

Child's Name:	Age: Grade:
Date of Birth:	_ M/F(circle one)
Baptized at Sacred Heart? Yes Date of Baptis	sm
IF NO, the following information is required:	
Church of Baptism	
City, State of Baptism	
Date of Baptism	
Child's Name:	Age: Grade:
Date of Birth:	_ M/F(circle one)
Baptized at Sacred Heart? Yes Date of Baptis	sm
IF NO, the following information is required:	
Church of Baptism	
City, State of Baptism	
Date of Baptism	
Child's Name:	Age: Grade:
Date of Birth:	_ M/F(circle one)
Baptized at Sacred Heart? Yes Date of Bapti	ism
IF NO, the following information is required:	
Church of Baptism	
City, State of Baptism	
Date of Baptism	

PARENT/GUARDIAN NAME: _____ Child's Name: ______Age: ____ Age: ____ Grade: ____ Date of Birth: _____ M/F(circle one) Baptized at Sacred Heart? Yes ____ Date of Baptism ____ IF NO, the following information is **required:** Church of Baptism_____ City, State of Baptism _____ Date of Baptism _____ Child's Name: _____Age: ___ Grade: ___ Date of Birth: _____ M/F(circle one) Baptized at Sacred Heart? Yes ____ Date of Baptism _____ IF NO, the following information is **required:** Church of Baptism City, State of Baptism _____ Date of Baptism _____ Child's Name: ______Age: ____ Age: ____ Grade: ____ Date of Birth: _____ M/F(circle one) Baptized at Sacred Heart? Yes ____ Date of Baptism ____ IF NO, the following information is **required:** Church of Baptism_____ City, State of Baptism _____ Date of Baptism _____