FEE: \$35 PER STUDENT

2023-2024 Student Information for Basilica of the Sacred Heart of Jesus Parish Grades 1-8

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name(s)
Address:
Address:
Mom/Guardian Phone Number:
E-mail Address:
Dad/Guardian Phone Number:
E-mail Address:
Are you a registered member of Sacred Heart Parish: YES NO
7.10
If "No", where are you registered?

PLEASE COMPLETE THE CHILD INFORMATION ON THE NEXT PAGE

Adam & Bridget Wurtz 717-965-9500 bridgetwurtz@gmail.com

PARENT/GUARDIAN NAME:	

Student Information

Child's Name:	.Age: Grade:		
Date of Birth:	M/F		
Baptized at Sacred Heart? Yes Date of Baptisr	n		
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		
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		
Baptized at Sacred Heart? Yes Date of Baptis	m		
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: ___ M/F _____ Date of Birth: 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 ____ 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 ____ 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 _____