

Due by May 5, 2023



Sacred Heart Religious Education

260 High Street - Mount Holly, NJ 08060

Phone: 609-267-6319

Email: [barbkane@sacredheartRE.org](mailto:barbkane@sacredheartRE.org)

Web site: [www.parishofsacredheart.org/religious-education](http://www.parishofsacredheart.org/religious-education)

Office use only	
NCB	_____
Inter. Sacrament Prep	_____
SN	_____

**\*Complete both sides of this form** OR opt to fill out this form online at the above link.

Registration for: ☐ Fall Program ☐ Summer Program {July 17-July 28} \*\* ☐ Family Program \*\*

\*\*Families must receive approval from the RE office prior to registering for the Summer or Family Program

**Tuition:** 1<sup>st</sup> and 3<sup>rd</sup> through 7<sup>th</sup> Grades: \$110 for each child. 2<sup>nd</sup> Grade: \$130 for each child. 8<sup>th</sup> Grade: \$140 for each child. \*Higher tuition for 2<sup>nd</sup> and 8<sup>th</sup> grades is to off-set costs associated with sacraments such as retreats, Confirmation robes, etc. Tuition must be submitted via check made payable to Sacred Heart and enclosed with this registration form or may be paid online at the link at the top of this form. If tuition poses an issue for your family, please contact us. All parish children are welcomed in our program regardless of financial concerns.

New Student ☐ Returning Student ☐

\*If your family is new to our program, please contact the office at [barbkane@sacredheartRE.org](mailto:barbkane@sacredheartRE.org) before filling out this form.

### Student Information:

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade Level in school for 2023/2024: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

### Sacramental Record:

#### *Baptism*

Was your child baptized at Sacred Heart? Yes ☐ No ☐ Date: \_\_\_\_\_

If "Yes," you do not need to fill out the baptismal record below. If "No," and if your child is new to our program, **you must attach a copy** of the baptismal certificate to this form before submitting.

#### *Baptismal Record*

Is your child's church of baptism Catholic? Yes ☐ No ☐

Name of Church of Baptism: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Baptism: \_\_\_\_\_

#### *First Reconciliation/First Communion*

Has your child received First Reconciliation/First Communion yet? Yes ☐ No ☐

If you responded 'yes,' did he or she receive these sacraments at Sacred Heart? Yes ☐ No ☐\*

\*If your child received First Reconciliation/First Communion outside of Sacred Heart, please attach the sacramental record from that parish to this form.

## Emergency Contact Information

To Parent or Guardian: To serve your child in case of an accident or sudden illness, it is necessary that you give the following information for emergency calls:

Please note that we need at least one email address and one phone number for each family. If this information is not included, we will return this form to you.

Mother's Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

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List a neighbor or nearby relative (*other than a parent*) who will assume temporary care of your child if you cannot be reached:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

## Health or Allergy Information/Special Needs:

Please list any known food/medication allergies as well as health/special needs information that are important regarding the care of your child. \*Please note that, in order to serve all of our children to the best of our abilities and resources, it is very important that parents include all pertinent information with regard to any health/allergies/special needs considerations. This information is kept confidential, and is only shared with your child's catechist on an as-needed basis.

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**I understand that in the case of injury or illness, every effort will be made to contact me in a medical emergency. In the event I cannot be reached, I give permission to parish staff to secure all proper and necessary treatment for my child(ren). I understand that no liability is assumed by the church or the Diocese for claims that may arise.**

**Parental Consent for Medical Care: In case of an emergency, I give permission for my child to receive emergency medical treatment and, if necessary, be transported to the nearest appropriate medical facility.**

**I understand that successful completion of the Religious Education year includes following all policies and procedures of the program (including class attendance requirements).**

**I understand that photos of my child(ren) may be taken and used in Parish publications including web and print media (*please note that we never identify children by name in photos*).**

Parent/Guardian Signature: \_\_\_\_\_ Date Completed: \_\_\_\_\_