



Sacred Heart Religious Education

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Web site: <https://sacredheartmh.org/religious-education>

Office use only	
BC	___
Inter. Sacrament Prep	___
TP	___

\***Complete both sides of this form** OR new families may use the online link posted on our webpage.

2026-2027 SHRE Registration for:  Fall Session  Summer Session (July 20-July 31) **\*\***  Family Session **\*\***

**\*\*Families must be able to commit to all days for Summer Session and receive approval from the RE office prior to registering for the Family Session**

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 offset costs associated with sacraments such as retreats, Confirmation robes, etc. **Tuition must be submitted with this registration form** children will not be placed in a class until tuition is paid. Checks should be made payable to SHRE. If tuition poses an issue for your family, please contact Barb Kane.

NOTE: **Late fee of \$25 will apply after May 15, 2026.**

Student Information:

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 because all families must first be registered with the parish.

First and Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade Level in school for 2026/2027: \_\_\_\_\_

Address: \_\_\_\_\_ School attending: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Primary Parent Email: \_\_\_\_\_

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. We ALWAYS try to reach parents/guardians first.

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: \_\_\_\_\_

=====  
Emergency Contact: 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, to serve all our children to the best of our abilities and resources, it is critical that parents include all pertinent information regarding any health/allergies/special needs considerations. Information is kept confidential and is only shared with your child's catechist on an as-needed basis.

Allergies: None  Yes  \_\_\_\_\_

Special Needs: None  Yes  \_\_\_\_\_

Helpful info (504 plan/IEP/class tips): \_\_\_\_\_

**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: \_\_\_\_\_