



Pre K-5th Grade

Classes on Sundays from 9:35 am to 10:45 am

Contact kim.walker@shbham.org or 360-734-2850 ext. 304

RELIGIOUS EDUCATION REGISTRATION 2023-2024

HOME ADDRESS		
Street	City	Zip Code
Parent Email Address	Father's Cell or Home Phone	Mother's Cell or Home Phone
If classes are canceled due to weather, may we notify you by text message? <input type="checkbox"/> Yes <input type="checkbox"/> No		

PARENT INFORMATION	Last Name	First Name	Baptism	First Comm.	Confirmed	Married by a Catholic Priest or Deacon
Father			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mother			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

CHILD INFORMATION	Last Name	First Name	Grade	Birthdate	Gender	Baptism	First Comm.	Confirmed
Child				___/___/___	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child				___/___/___	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child				___/___/___	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child				___/___/___	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

- For First Communion (2nd Grade): copy of baptism certificate is required if not baptized at Sacred Heart
- Children in RCIC: copy of birth certificate
- Please return the Registration Form to Kim Walker, kim.walker@shbham.org
- I consent to photos taken of my child for sharing on the Sacred Heart website, Flocknote, or social media accounts.
- Please note on back of page any special needs or allergens your child may have

OFFICE USE ONLY

<input type="checkbox"/> NEW STUDENT	<input type="checkbox"/> RETURNING STUDENT	Family registered in DB _____	All forms submitted _____
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