Sacred Heart Catholic Church

Religious Education Registration Form 2023-2024 940-723-5288 ReligiousEd@SacredHeartWF.org

Please PRINT				
Family Name:(Last Name)	· · · · · · · · · · · · · · · · · · ·			
Mailing Address:	you like to register with ————————————————————————————————————			
City: State: Z	ip Code:			
Father:	Mother: First Middle Last			
Cell Phone:	Cell Phone:			
Email:	Email:			
Religion: Catholic Other Sacramental History: Baptism First Eucharist Confirmation Married Status: Married Divorced Single Widowed	Religion: □Catholic □Other Sacramental History: □Baptism □First Eucharist □Confirmation Married Status: □Married □Divorced □Single □Widowed			
If Applicable				
Step-Father: First Middle Last	Step-Mother:			
Cell Phone:	Cell Phone:			
Email:	Email:			
Religion: Catholic Other Sacramental History:	Religion: □Catholic □Other			
□ Baptism □ First Eucharist □ Confirmation Married Status: □ Married □ Divorced □ Single □ Widowed	□ Baptism □ First Eucharist □ Confirmation Married Status: □ Married □ Divorced □ Single □ Widowed			
Legal Guardian:	Relationship to Children:			
Legal Guardian: First Middle Last				
Cell Phone:				
Religion: Catholic Other Sacramental History: Baptism First Eucharist Confirmation				
Please List 2 Emergency Contacts				
	ame: ell Phone:			

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Child's Name	:		Date of Birth: Age:	
City and State of birth:School:			_ □Male □Female T-Shirt Size:	
Sacraments r				
Baptism	Date:	Place:		
Eucharist		Place:		
		_ Place:		
		lease provide a copy of their baptism of		
For office use	only: □First Year Pre	ep Eucharist	□Prep Year Confirmation □Confirmatio	n
Child's Name			Date of Birth: Age:	
			Grade in school 2023-2024:	
Sacraments r				
		_Place:		
Eucharist		Place:		
		Place:		
		lease provide a copy of their baptism of		
•	•	p Eucharist □Second Year Eucharist		า
Child's Name	:		Date of Birth: Age:	
City and State	e of birth:		_	
School:			Grade in school 2023-2024:	
Who does the				
Sacraments r				
Baptism	Date:	Place:		
Eucharist		Place:		
Confirmation		Place:		
		lease provide a copy of their baptism o		
For office use	only: □First Year Pre	p Eucharist	□Prep Year Confirmation □Confirmation	า
No family	will ever be turned a	way if unable to pay	Registration Fees	

full tuition. Monthly payment plans and tuition assistance are available.

For a scholarship form please call: 940-557-5061. or email: ReligiousEd@SacredHeartWF.org

Please enclose fee with registration form. Make check payable to: **Sacred Heart Catholic Church**

Family \$50. If applicable, please add RCIA Adapted for Children \$30.

First Eucharist \$30.

Confirmation \$30.

Total

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Volunteer Information Opportunities to Volunteer - I would be interested in volunteering my time for the following: ☐ Parking Lot Monitor ☐ Vacation Bible School ☐ Catechist - For Grade _____ ☐ Greeters □ Catechist Aide ☐ Substitute Catechist ☐ Door Monitor Other Safe Environment Session All volunteers are required to keep their Virtus training and back ground check current If you have attended, please complete below. _____ (Date) ______ **DIOCESE OF FORT WORTH Empowering God's Children** Parish Name: Sacred Heart Catholic Church Creating a safe environment for children and youth is a priority in the Catholic Diocese of Fort Worth. Empowering God's Children training is required one time per year during regular class time. The Empowering God's Children program for grades K through 12 promotes self-protection for the youth. We will offer the age-appropriate lessons to the children during Sacred Heart's Religious Education session (Grades K-12) on Wednesday, October 25, 2023. If you want your children to attend these catechists led classes, please list their names and their grades below. Please inform us and initial of your intention regarding the child self-protection program for your children: Yes, my child(ren) will participate in the "Empowering God's Children" program offered in class, appropriate by age. I will teach my child(ren) the concepts of child self-protection with the guide "Empowering God's Children" Provided by Sacred Heart Catholic Church no later than October 25, 2023. If I have questions or concerns, I will Contact Lisa Pilch, SEC Coordinator, 940-557-5065, Lpilch@SacredHeartwf.org If you do not want your child to participate in the Safe Environment program, check "No". **No,** my child will not participate in the self-protection program. Student/s Name: _____ (Please Print)

By checking this box and typing your name above, you have agreed that this is your electronic signature.