



Note: For person's filling this out on line, light blue boxes with a check mark, are optional questions and can be left blank if they do not apply to you. Dark blue boxes are required. When you have finished filling out the form, please click the big green button labeled "Done" in the upper right hand side of your screen. For person's filling out this form on paper, please disregard these directions.

Religious Education Registration and Emergency Medical Authorization

Due to the Parish Office

Students Name: _____ Middle: _____ Last: _____
 Birth Date: _____ City: _____ State: _____
 Mailing Address: _____ Entering Grade: _____
 City: _____ State: _____ Zip: _____

Father's Name: _____ Religion: _____
 Cell Phone: _____ Email: _____
 Mother's Name: _____ Religion: _____
 Cell Phone: _____ Email: _____
 Maiden Name: _____

For Children going into 1st Grade or new to the program, check one. All others may leave this blank.

A copy of my child's Baptism Certificate is Attached: _____
 I am mailing a copy of the certificate to the Office: _____
 The Certificate is on file at Sacred Heart Office: _____



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For all Students: Sacraments Received

Baptism: No: _____ Yes: _____ Date: _____ Place: _____

First Penance: No: _____ Yes: _____ Date: _____ Place: _____

First Eucharist: No: _____ Yes: _____ Date: _____ Place: _____

Confirmation: No: _____ Yes: _____ Date: _____ Place: _____

Emergency Contact: In case of emergency we always contact the parents first, please list someone other than a parent you would like to have as your emergency contact below.

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Medical Conditions

Allergies: _____

Conditions: _____

Medications: _____