

SACRED HEART CCD / CONFIRMATION REGISTRATION FORM

REGISTRATION FEE \$60 EACH CHILD (3 or more \$150)

STUDENT'S NAME _____
Last First Middle

GRADE: Last Rel Ed Reg for Rel Ed Public/Reg Schl Name of Public/Regular School

Any Special Needs, Learning Disabilities or Health Issues:

FATHER'S NAME: Last First Middle Religion

MOTHER'S NAME: Last First Middle Religion

Maiden Name

STUDENT'S BIRTH: Date Place

Not Yet **B**aptized Comment Not Yet **R**eceived **F**irst **C**ommunion Comment

BAPTISM: Date Church & Place

FIRST COMMUNION: Date Church & Place

CHILD LIVES WITH: **B**oth **P**arents **M**other **F**ather **O**ther _____

NAME: Last First Relationship To Student

I am willing to: Teach Substitute Teach

MAILING ADDRESS: Street

City State Zip Code

HOME TEL.: (____)____-____ CELL #: (____)____-____

PARENT E-MAIL ADDRESS: _____

ALTERNATE CONTACT NAME: Last First Relationship Telephone Number (____)____-____

OFFICE USE ONLY

Registered Amount Enclosed Payment Type Date Comments

Religious Ed. Grade Teacher(s)