

SACRED HEART CATHOLIC CONGREGATION Youth Formation FAMILY REGISTRATION

Wednesday Evening Program

2011-2012

Family Name: _____

Family email: _____

Father's Name: _____
(or legal guardian) (Religion)

Father's Cell #: _____

Mother's Name: _____
(Religion)

Mother's Cell #: _____

Mother's Maiden: _____

Address: _____
(Street #, PO Box #, Apt #)

(City) (State) (Zip)

Primary Phone: _____

Secondary email: _____

Secondary Parent: _____
(Last Name) (First Name)

if separated/divorced _____
(Street #, PO Box #, Apt #)

What Parish are you currently enrolled in? _____
(Name of Church) (Church City/State)

Secondary Address: _____
(City) (State) (Zip)

Secondary Phone: _____

Returning Child's Full Name

LAST	FIRST	MIDDLE	DOB	GRADE	SCHOOL

New Student Information				
LAST	FIRST	MIDDLE	DOB	GRADE

*Additional children, please indicate all information on the reverse side of this form.

*****PLEASE NOTE:** Each new student needs a Baptismal Certificate accompanying this registration form if they were NOT baptized at Sacred Heart Catholic Parish.***

Is there any information regarding health issues, etc. that the staff should be aware of regarding your child(ren)?

Families with children in the Christian Youth Formation Program are expected to help support the program in at least one of the following ways. Please check at least one of the items below. Your support keeps education costs down.

- _____ **CATECHIST (weekly commitment)** _____ **CLASS AIDE (weekly commitment)**
- _____ **OUTREACH/SERVICE (once per semester, dates to be determined)**
- _____ **FAMILY SOCIAL NIGHT HELP (circle one, either 9/07/11, 1/25/11, 3/28/12, 5/16/12)**

RETURN TO: Sacred Heart Religious Ed. / 2201 Northwestern Ave. / Racine, WI 53404

OFFICE USE ONLY	Total Fee Due: _____	Date Paid: _____	Amt: _____	Check # _____
	Emergency Card: _____	Parent Student Handbook Signature _____	One Time Project	
FORMS RETURNED	_____	Spirituality Code Sheet _____	Other	