



**Sacred Heart Church
Religious Education Program
Family Registration Form
2022-23 School Year**

Please return this form to the
Parish Office at
2224 Avenue J, Sterling, IL
or email it to
sheartreligioused@gmail.com

Family Information:

Family Last Name: _____ Father's Name: _____

Mother's Name: _____ Mother's Maiden Name: _____

Street Address: _____ City/State/Zip: _____

Contact Person _____ Cell Phone #: _____

Will receive a Flocknote Text Message for Cancelled Classes

Email Address : _____

Children live with: ___Both parents ___Mother ___Father ___Guardian

If Guardian: Name _____ Relation _____ Phone _____

Student Information:

Student's First Name	Middle Name	Last Name	Gender M/F	Birthdate mm/dd/yyyy	Grade in 2022/23	School Name
1. _____						
2. _____						
3. _____						
4. _____						

Class Times:

1st thru 5th Grade: Classes are held on the first Sunday starting with the 10:00 AM Mass and class following in the parish basement.

First Communion: Classes are held 3 Sundays per month starting with the 10:00 AM Mass, with class following in the parish basement.

6th thru 8th Grade Confirmation: Classes held on the second Sunday monthly in the church from 1-2:30 PM.

Photo/Video Permission:

I hereby grant Sacred Heart the right and permission to use and publish the photographs/film/video tapes/electronic representations and/or sound recordings made of my child/children this date by Sacred Heart Church, and I hereby release Sacred Heart Church from any and all liability from such use and publication.

Signature _____ Date _____

I **DO NOT** give my permission for photo/video of my child to be used by Sacred Heart Church

Medical Concerns / Emergency Contact Info:

Child's Name	Medical Concerns, Allergies, Learning Disabilities, Etc.
1. _____	
2. _____	
3. _____	
4. _____	

In case of emergency, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give permission to a licensed health-care practitioner, selected by Sacred Heart Staff or adult Volunteer in charge, to secure proper treatment.

Parent / Guardian Signature _____ Date _____

Emergency Contact person if parents cannot be reached:

Name _____ Phone # _____

Relationship _____

Registration Fees / Payment

<u>Religious Ed (Grades K-5)</u>	
Registration Fee - First Student (K- 5 grades)	\$60 X _____ = \$ _____
Registration Fee per additional student (K- 5 grades)	\$30 X _____ = \$ _____
<u>First Communion (2nd Grade)</u>	
First Communion Fee for each registered parishioner	\$50 X _____ = \$ _____
First Communion Fee for each non registered parishioner	\$75 X _____ = \$ _____
<u>Confirmation (6th-8th Grade)</u>	
Confirmation Fee for each registered parishioner (6 th -8 th Gr.)	\$125 X _____ = \$ _____
Confirmation Fee for each non registered parishioner (6 th -8 th Gr.)	\$175 X _____ = \$ _____
<u>Volunteer discount</u>	
Volunteer discount (Catechist or Office Assistant)	No Charge
Total Amount Due	\$ _____

Please make checks payable to Sacred Heart Church

OFFICE USE ONLY	
Method of Payment	
Cash _____ Check# _____	\$ _____ amount paid
Staff Initials _____	