Sacred Heart Church
Religious Education Program
Family Registration Form
2025/26School 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 2025/26	School Name
1.						
2.						
3.						
4.						

Class Times:

Family RE K-5th gr.: 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 2 Sundays per month starting with the 10:00 AM Mass and class following in the parish basement.

6th- 8th Grade Confirmation: Classes held on the second Sunday monthly from 1:00-2:30 PM in the church basement.

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:

Religious Ed (Grades K- 5)

Registration Fee - First Student (K- 5 grades) $60 X_____ = $_____

Registration Fee per additional student (K- 5 grades) $30 X_____ = $_____

First Communion (2nd Grade)

First Communion Fee for each registered parishioner $110 X_____ = $_____

First Communion Fee for each non registered parishioner $135 X_____ = $_____

Confirmation (6th- 8th Grade) NO NEW CLASSES THIS YEAR

Confirmation Fee for each registered parishioner (6th- 8th Gr.) $125 X_____ = $ XXXXXXXX

Confirmation Fee for each non registered parishioner (6th- 8th Gr.) $175 X_____ = $XXXXXXXXX

Volunteer discount

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_____