Sacred Heart Church
Religious Education Program
Family Registration Form
2026-2027 School Year

Please return this form to the
Parish Office at
2224 Avenue J, Sterling, IL 61081
Or email it to
Melinda Hutchison, CRE at
sheartreligioused@gmail.com

Family Information

Last Name: _____ Father's Name:_____

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

Street Address: _____ City / Zip: _____

Contact Person: _____Cell#:_____

*Will Receive a Flocknote Text Message for Cancellations

Email Address:_____

Children Live With: Both Parents ____ Mother ____ Father ____ Guardian_____

If Guardian: Name _____ Relation _____ Phone _____

Mother Has Received: Baptism_____ 1st Communion_____ Confirmation_____

Name of Church: _____ _____ _____

Father Has Received: Baptism_____ 1st Communion_____ Confirmation_____

Name of Church: _____ _____ _____

Student Information

Student's Full Name	Gender M / F	Birthdate mm/dd/yyyy	Grade in 2026-27	Name of School

I hereby grant Sacred Heart Church 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.

_____.____

_____

_____

_____

In case of emergency, I understand every effort will be made to contact me. In the event that 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

Registration Fee - First Student (K-5)	$60 X _____ = $ _____
Registration Fee per Additional Student (K-5)	$30 X _____ = $ _____
First Communion Fee for each parishioner (includes RE)	$110 X _____ = $ _____
First Communion Fee for each non parishioner (includes RE)	$135 X _____= $ _____
Confirmation Fee for each parishioner (6th - 8th Grade)	$50 X _____ = $ _____
Confirmation Fee for each non parishioner (6th - 8th Grade)	$75 X _____ = $ _____
☐ Volunteer discount (Catechist or Office Assistant)	**NO CHARGE**
TOTAL AMOUNT DUE	**$ _____**

METHOD of PAYMENT

$ _____ amount paid ____ Cash ____ Check*

*Check # _____ (make checks payable to Sacred Heart Church) Staff Initials _____