



Sacred Heart Church
Religious Education Program
Family Registration Form
 2020/21 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 Number* _____
*Will Receive a Flocknote Text Message for Cancellations
 Email Address _____
 Children Live With ___ Both Parents ___ Mother ___ Father ___ Guardian
 If Guardian: Name _____ Relation _____ Phone _____

Student Information

Student's Full Name	Gender M / F	Birthdate mm/dd/yyyy	Grade in 2020/21	Name of School

Class Times

Kindergarten thru 5 th Grade	Classes held twice monthly on Sundays starting with 10:00am mass and class following in parish basement
6 th thru 8 th Grade Confirmation	Classes held monthly on Sundays starting with 8:30am mass and class following in parish basement

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 - 5th Grade) \$60 X _____ = \$ _____

Registration Fee per Additional Student (K - 5th Grade) \$30 X _____ = \$ _____

First Communion Fee \$50 X _____ = \$ _____

Confirmation Fee for each parishioner (6th - 8th Grade) \$125 X _____ = \$ _____

Confirmation Fee for each non parishioner (6th - 8th Grade) \$175 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 _____