SACRED HEART PARISH
Religious Education: Preschool thru 12th Grades
Registration for the 2017-2018 School Year

Family Name _____

Parents _____

Address _____

City _____ Zip _____

Home Phone _____ Mobile Phone_____ for _____

Mobile Phone_____ for _____

Email Address _____

Names of Children Enrolling:

1. _____ DOB _____ Grade _____

2. _____ DOB _____ Grade _____

3. _____ DOB _____ Grade _____

4. _____ DOB _____ Grade _____

Additional Children in Home:

_____ DOB_____

_____ DOB_____

_____ DOB_____

Emergency Contact:

_____ Phone _____

_____ Phone _____

Food Allergies _____

Indicate if need to make Sacraments (generally 2nd Grade)

Reconciliation _____   Confirmation _____   Eucharist_____

Baptism information for Sacraments: Date _____ At _____

Any questions please contact the Parish Office at 426-7154.

MEDIA RELEASE FORM

Sacred Heart Parish will not photograph, videotape and/or voicetape individuals in its programs without consent.

This form allows you to give permission for your child/children to be photographed, videotaped and/or voicetaped by school personnel and/or area news reporters. Photos, videotapes and/or voicetapes, when consented to, will only be used for the purposes you specify below.

I, _____ (parent/guardian), hereby give permission for the personnel of Sacred Heart parish to photograph, videotape and/or voicetape my child/children (or allow area news reporters to do the same) for the purposes of (*circle the number of the items that you will allow*):

1. **Public information for the promotion of Sacred Heart Parish programs**

2. **In-Parish purposes only (e.g., bulletin, poster boards in Church and offices)**

This consent must be re-examined and signed each year.

Parent/Guardian Signature _____ Date _____

Student Name(s)   _____

_____

_____

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