



**Sacred Heart Church
Religious Education Program
Family Registration Form
2017/18 School Year**

Please return this form to the
Parish Office at
2224 Avenue J, Sterling, IL 61081
Or email it to Karen Nestor, DRE 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

Last Name (If different) First Name	Gender M / F	Birthdate mm/dd/yyyy	Grade in 2017/18	Name of School

Class Times

Kindergarten thru 5 th Grade	Classes held Sundays, 9:30 – 10:45 am at Newman HS starting Sept. 17 th , 2017 (see calendar for details)
6 th thru 8 th Grade Confirmation	Classes held monthly on Sundays in the church basement, 12 – 2:30 pm starting Jan 28 th , 2018 (see calendar for details)

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) \$75 X _____ = \$ _____

Registration Fee per Additional Student (K – 5th Grade) \$35 X _____ = \$ _____

Confirmation Fee for each Student (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 _____