



**Sacred Heart Church
Religious Education Program
Family Registration Form
2024/25 School Year**

Please return this registration form and payment to the Parish Office at 2224 Avenue J, Sterling, IL

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/yy	Grade in 2024/25	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:

<u>Religious Ed (Grades K, 1, 3, 4, 5)</u>	
Registration Fee - First Student	\$60 X _____ = \$ _____
Registration Fee per additional student	\$30 X _____ = \$ _____
<u>First Communion (2nd Grade) includes the RE registration fee</u>	
First Communion Fee for each registered parishioner	\$110 X _____ = \$ _____
First Communion Fee for each non registered parishioner	\$135 X _____ = \$ _____
<u>Confirmation (6th - 8th Grade)</u>	
Confirmation Fee for each registered parishioner (6 th - 8 th Gr.)	\$125 X _____ = \$ _____
Confirmation Fee for each non registered parishioner (6 th - 8 th Gr.)	\$175 X _____ = \$ _____
<u>Volunteer discount</u>	
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 _____