

# SACRED HEART CCD / CONFIRMATION REGISTRATION FORM

REGISTRATION FEE \$45 EACH CHILD

STUDENT'S NAME \_\_\_\_\_  
Last First Middle

GRADE: Last Rel Ed Reg for Rel Ed Public/Reg Schl Name of Public/Regular School

Any Special Needs, Learning Disabilities or Health Issues:

FATHER'S NAME: Last First Middle Religion

MOTHER'S NAME: Last First Middle Religion  
Maiden Name

STUDENT'S BIRTH: Date Place  
 Not Yet Baptized  Not Yet Received First Communion  
Comment Comment

BAPTISM: Date Church & Place

FIRST COMMUNION: Date Church & Place

CHILD LIVES WITH:  Both Parents  Mother  Father  Other \_\_\_\_\_

NAME: Last First Relationship To Student  
**I am willing to:**  Teach  Substitutue Teach

MAILING ADDRESS: Street  
City State Zip Code

HOME TEL.: (\_\_\_\_)\_\_\_\_-\_\_\_\_-\_\_\_\_ CELL #: (\_\_\_\_)\_\_\_\_-\_\_\_\_-\_\_\_\_

PARENT E-MAIL ADDRESS: \_\_\_\_\_

ALTERNATE CONTACT NAME: Last First Relationship Telephone Number (\_\_\_\_)\_\_\_\_-\_\_\_\_-\_\_\_\_

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## OFFICE USE ONLY

# Registered Amount Enclosed Payment Type Date Comments  
Religious Ed. Grade Teacher(s)