



SACRED HEART OF JESUS CHURCH
PARISH RELIGIOUS EDUCATION PROGRAM
NEW REGISTRATION 2024-2025

Student's Name: _____

Address: Street, City, State, Zip Code _____

Contact: Home Telephone Number and Email Address _____

Place of Birth(City, State): _____

Date of Birth: _____ Gender (circle one): M F

Father's Full Name: _____

Religion: _____ Same Address: Yes No

Father's cell phone and email address

Mother's Full Name: _____

Religion: _____ Same Address: Yes No

Mother's cell phone and email address

Guardian's Name (if applicable): _____

Relationship to child: _____

Guardian's cell phone and email address

Emergency Contact's Name: _____

Telephone #/email: _____

List any learning disabilities, health issues and/or special needs.

Sacramental Information

Parents' Marital Status: Married Separated Divorced
 Remarried Widowed Single Church Annulment

Mother's Maiden Name: _____

Were parents married in a Catholic Church? Yes No

Name of church and address

Child's Sacramental Information

Baptism: _____ Date _____
 Name of church

Address of church

First Holy Communion: _____ Date _____
 Name of church

Address of church

Previous Religious Education Experience:

Parish Religious Education Program: Yes No Number of years _____

PREP Grade (2024-2025) _____ Grade in School (2024-2025) _____

Parish Name _____

Parish Address _____

Catholic School religious education: Yes No Number of years _____

Name of Catholic School _____

Address of school _____

- Also complete the Medical Matters form and return it with registration payment and an authentic baptismal certificate to Sacred Heart of Jesus Parish, Religious Education Office, 210 E. Northampton St., Bath, PA 18014.
- Fees: **\$95 for one child, \$150 for two, \$200 for three or more children.** Make checks payable to Sacred Heart of Jesus Parish.
- **Early Registration: Due July 15, 2024. Discount \$10 per student.**

For office use only:	
Date received _____	
Payment: <input type="checkbox"/> Cash <input type="checkbox"/> Check	Number _____ Amount \$ _____
Registered Parishioners: Yes No	Envelopes: Yes No
Registration status: Active Inactive	Authentic Baptismal Certificate: Yes No

Sacred Heart of Jesus Parish Religious Education Parent/Guardian Permission Form & Release Medical Matters

Student Name _____ Religious Ed. Grade (2022-23) _____

Home Telephone _____

Father's cell _____ Mother's cell _____

Emergency Contact (if parents cannot be reached) Name _____

Phone _____ Relationship to child _____

Family Doctor _____ Phone _____

Hospital preference: 1st choice _____ 2nd choice _____

Medical Insurance Information: Health Plan Carrier _____

Group # _____ ID # _____

Specific Medical Information: The parish should be well aware of the following medical conditions. The parish will take reasonable care to see that this information will be held in confidence.

List student's current medications _____

List student's known allergies (medications, foods, plants, insects, etc.) _____

List anything that you would like the teacher to know that would help your child in class

Any Physical limitations? _____

Any special needs? _____

Other medical conditions: _____

I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

Emergency medical treatment: In the event of a medical emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any *further* treatment by the hospital or doctor.

Parent signature: _____ Date: _____