



Re-registration Due 8/18/25;

**Early Registration due
7/14/25**

SACRED HEART OF JESUS CHURCH
PARISH RELIGIOUS EDUCATION PROGRAM
RE-REGISTRATION 2025-2026

Students Name: _____ Gender: M F

Address: Street, City, State, Zip Code

Home Phone Number and email

Parents' Names

Father's cell phone number and email

Mother's cell phone number and email

Emergency Contact Person

Telephone number _____

School Name _____

Grade in school for 2025-2026: _____ PREP grade for 2025-2026: _____

- Complete the Medical Matters form and return it with payment for registration to Sacred Heart of Jesus Parish, Religious Education Office, 210 E. Northampton St., Bath, PA 18014
- Fees: **\$100 for one child, \$160 for two, \$200 for three or more children.** Make checks payable to Sacred Heart of Jesus Parish. **After August 18, 2025, there is a \$25 late fee per registrant.**
- **Early registration: \$10 Discount per student; Due July 14, 2025.**

For Office use only:

Date received _____

Payment: Cash _____ Check _____ Number _____ Amount \$ _____

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: _____