

Sacred Heart Catholic Church

2020-2021 Religious Education Registration Form

Payment: Cash or Check (payable to Sacred Heart)		
Drop off or mail form & payment: 837 Jeanette St. Abilene, TX 79602		
Contact: (325) 668-9279		
One Child \$25	Two or More(siblings only) \$40	Senior/Adult No Cost
Total Enclosed: _____		

Mother's Full Name: _____ **Phone:** _____

Father's Full Name: _____ **Phone:** _____

Email Address: _____ **Would you like to receive texts?:** Yes No

Marital status: _____ **If married, are you married by the Church?** _____

Home Address: _____ **City:** _____ **Zip:** _____

Guardian Name (if other than parents): _____ **Relationship:** _____

Emergency Contact Name: _____ **Phone:** _____

Names Authorized to pick up from R.E.: _____

Would you be interested in Volunteering? Yes No **Returning Students?** Yes No

Student's Full Name	Date of Birth	Grade	Baptism	Baptism Date	Eucharist	Confirmation

Please list any food allergies along with student(s) name: _____

Please list any health, emotional or learning problems so we may give your student(s) the best learning environment experience we can _____

1st - 8th Grade Take home material	9th - 11th Grade Virtual and take home material
---	---

Liability Waiver:
We the parents/guardians hereby give permission for student(s), previously named, to participate in all Religious Education activities. I understand that every effort will be made to contact me/and my emergency contact but if my child needs medical treatment, I hereby give my permission to do so. I hereby give my permission to the physician selected by the staff to secure proper treatment. We also consent to the use of photographs of student(s) for use by the church for display.

Parent/Guardian Signature: _____ **Date:** _____