Sacred Heart Catholic Church

2023-2024 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) 794-8783

One Child \$25

Two or More (Siblings only)

\$40

Junior / Senior No Cost

Date: _

Mother's Full Name:			Phone:				
Father's Full Name:		Phone:					
Email Address:		Would you like to receive texts? Yes No					
Marital status: If m	arried, are	you ma	rried by t	he Church?			
Home Address:			City:		Zip:		
Guardian Name (if other than parents):			Relationship:				
Emergency Contact Name:			Phone:				
Names Authorized to pick up from Would you be interested in Volume Student's Full Name	_						
Please list any food allergies along w Please list any health, emotional or le environment experience we can	earning probl	ems so w	e may give	your student(s)		ning	
K - 6th Grade Wednesdays 5:30 - 6:30		7th – 12th Grade Wednesdays 7:00 – 8:00					
Liability Waiver: We the parents/guardians hereby give pe			-		-		

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: __