

**SACRED HEART CHURCH**  
**RELIGIOUS EDUCATION OFFICE 324 RIDGE ROAD, LYNDHURST, NJ 07070**  
 TEL: 201-935 3094

**2022-2023 RELIGIOUS EDUCATION REGISTRATION FORM** \*Please print clearly\*

Child's Last Name \_\_\_\_\_ Child's First Name \_\_\_\_\_ M/F \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Date of Birth \_\_\_\_\_

Grade which child will attend in Sept. 2022 in School \_\_\_\_\_ in Religious Ed \_\_\_\_\_  
 Father's Name \_\_\_\_\_ cell phone (\_\_\_\_\_) \_\_\_\_\_  
 Mother's Name \_\_\_\_\_ Maiden name \_\_\_\_\_ cell phone (\_\_\_\_\_) \_\_\_\_\_

Student lives with: \_\_\_\_\_

E-mail address for Program Newsletters & Updates: \_\_\_\_\_

Note: *Email address(es) are shared with your child's catechist unless checked here*

**Must be a registered member of Sacred Heart to register or you must provide a letter from the catholic church which you are registered in stating they are aware you will be attending religious education here. You must attach a copy of your child's baptismal certificate to this form.**

Church of Baptism \_\_\_\_\_ City/State \_\_\_\_\_ Date \_\_\_\_\_

Church of First Holy Communion \_\_\_\_\_ City/State \_\_\_\_\_ Date \_\_\_\_\_

**Release of Information:** We need your permission to have your child's name published or photo taken in the event their photo is published. If we do not have your permission, your child will not be included in the photo. At no time will a child's last name be included in any photo. This permission slip will stay in your child's permanent folder. My child may have their first name/photo published for school activities. \_\_\_\_\_ Yes \_\_\_\_\_ No

**Check Session Requested**

Grades 1-5 (Sunday) : \_\_\_\_\_ 10:00 a.m. -11:30 a.m. –  
 Grade 6<sup>th</sup>, 7<sup>th</sup> & 8<sup>th</sup>( Wednesday) 6:30 to 8:00 p.m. \_\_\_\_\_

Registration Amount	One Child	Two Children	Three or more Children
If paid by 8/31/21	\$95.00	\$175.00	\$200.00
If paid after 8/31/21	\$120.00	\$200.00	\$225.00

**PLEASE MAKE CHECK PAYABLE TO: Sacred Heart Church.** Kindly include payment with your completed application.

**IMPORTANT:** Are there any learning disabilities or medical/allergies or other special needs that we should be aware of?

If yes, please describe: \_\_\_\_\_  
 May we share this information in confidentiality with your child's Catechist? \_\_\_\_\_ Yes \_\_\_\_\_ No

**In case of EMERGENCY call:** Name \_\_\_\_\_  
 (Relationship to Student, if other than Parent or Guardian) Phone Number (\_\_\_\_\_) \_\_\_\_\_

Date: \_\_\_\_\_ **PARENT/GUARDIAN'S SIGNATURE** \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Paid: Y/N Payment: Cash \_\_\_\_\_ Cash Receipt # \_\_\_\_\_ Check \_\_\_\_\_ Check # \_\_\_\_\_ Amt \$ \_\_\_\_\_  
 Number of Children Registered: \_\_\_\_\_ Date Registered: \_\_\_\_\_