FEES Date Paid

$50 - 1 child

$60 - 2 or more children Amount Paid

## SACRED HEART CHURCH & ST. JOHN MISSION

Religious Education Registration **2023-2024**

**Family Name**: Home Phone:

Address: City: Zip:

**Parish Registration**:

Sacred Heart Church: Envelope # St. John’s Mission: Envelope #

Father’s Name: Religion:

Cell Phone: Accepts Texts? Y / N

email:

Mother’s Name: Religion:

Cell Phone: Accepts Texts? Y / N

email:

**Student Name: School: Grade:**

Sacraments Received: Baptism 1st Communion (Please Circle)

**Special Instructions:**

Date and Place of Birth:

Date and Place (Church) of Baptism:

Date and Place (Church) of 1st Reconciliation / Communion:

Please make checks payable to: *Sacred Heart Church* and return to the Parish Office, or place in the Offertory Box in a sealed envelope labeled: Religious Education Program. ***Please return this form for each child by August 27, 2023.***

SacredHeartCCD06360@gmail.com