

Sacred Heart Parish Religious Education for Children (PREP)
Summer Registration Form
Program runs June 20, 2022 through June 24, 2022
9:00am to 2:00pm

Date: _____

(1) **CHILD'S INFORMATION** (Please print. Please be sure to fill out both sides of form. Thank you)

Name _____
(Last) (First) (Middle)

Date of Birth _____ Place of Birth _____ M/F _____

Public School Grade in September 2022 _____ School Attending _____

Did child have religious instruction in 20/21? _____ Where? _____ What Level? _____

Sacraments	Month/Day/Year	Church	City
Baptism			
Reconciliation			
Communion			

(2) **CHILD'S INFORMATION** (Please print. Please be sure to fill out both sides of form. Thank you)

Name _____
(Last) (First) (Middle)

Date of Birth _____ Place of Birth _____ M/F _____

Public School Grade in September 2022 _____ School Attending _____

Did child have religious instruction in 20/21? _____ Where? _____ What Level? _____

Sacraments	Month/Day/Year	Church	City
Baptism			
Reconciliation			
Communion			

Does the child have any special health needs? Any allergies:
Also please indicate if the child is in special education classes. Please indicate on Emergency form.

FAMILY INFORMATION

Father's Name _____ Religion _____
(Last) (First)

Mother's Name _____ Religion _____
(Last) (Maiden) (First)

Are you a parishioner? _____ (You must be a registered parishioner of Sacred Heart or have a letter of Permission from the parish where you are registered to attend class here.)

Parent Marital Status

Please circle: Single Married (in the Catholic Church) Married (outside the Catholic Church)
 Separated Divorced Widowed Remarried

Child(ren) lives with: Mom & Dad Mom Dad Grandparent Other _____

Home Address: _____
(Street) (City) (Zip Code)

Home Phone # _____ E-mail _____

Dad's Work or Cell # _____ Mom's Work or Cell # _____

Should mail be sent to a different/additional address than above? _____ If yes, what address? _____

Address #2 _____

Custody: Are there any custody/legal issues? _____ Yes _____ No
(If yes, please provide a complete copy of the latest court order)

Emergency contact: name, relationship & phone # (if we are unable to reach you, who should we contact?)

For first time registrations, a copy of the Baptismal Certificate is needed for each child. Thank you!

Name of person responsible for Religious Ed if not a Parent or Legal Guardian

(Please provide a signed, dated letter of permission which will be kept on file & updated annually)

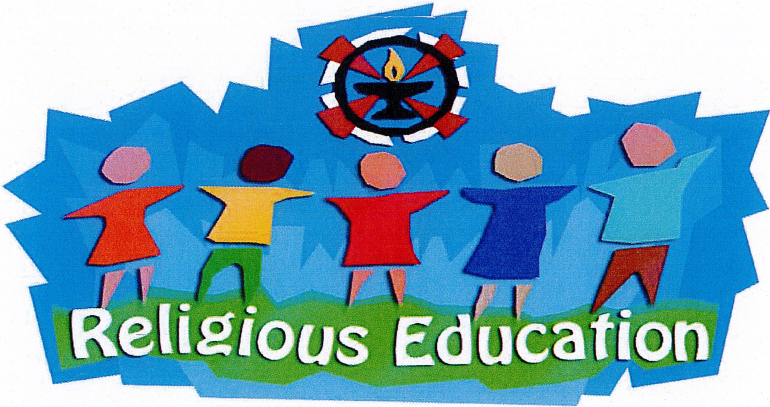
_____ I give permission for my child's name or image to appear on the Parish Website, Parish Facebook Page, Parish Bulletin or Liturgies associated with the Religious Education Program.

*Please note: Sacramental PREP students will also attend one (1) Sunday a month. No need to register separately for this. It will be added to each student schedule. A Registration fee for the Sacraments of Confirmation and First Eucharist is required to cover material costs. Amount is \$75.00 for one child, \$125 for 2 or more children.

Please contact our Office for Registration Fee for Non-Parishioners. Thank you.

Office Use:	Amount	Check #	Received By:
	\$ _____	_____	_____
	\$ _____	_____	_____

Family Name: _____



SACRED HEART PARISH

SUMMER PREP & SUMMER CAMP

WAIVER AND AUTHORIZATION TO CONSENT TO MEDICAL TREATMENT FOR A MINOR CHILD

I, _____, state that I am the natural parent and/or have legal Custody, of the following child (ren) _____ registered for Vacation Bible Camp and that the information provided is correct to the best of my knowledge and each child has my permission to engage in all activities, except if noted by me.

Please provide all medical information or conditions, along with current medication(s) our staff should be aware of, including Allergies or Health Issues. All medication must be given to the Camp Director and clearly labeled with the doctor's instructions.

In the event I cannot be reached in an emergency, I authorize the camp director or nurse to consent to any examination, anesthetic, x-ray, medical or surgical diagnosis and/or treatment, and/or hospital care to be rendered to this minor under the general conditions of special supervision and on the advice of any physician or surgeon licensed to practice medicine.

Health Insurance Company: _____ Policy/Group # _____

Doctor's Name: _____ Phone: _____

Dentist's Name: _____ Phone: _____

_____ Home Phone: _____
Print Name of Parent/Legal Guardian

_____/_____/_____
Signature of Parent/Legal Guardian Date Cell Phone: _____

PHOTO RELEASE

I hereby ☐ **GRANT** ☐ **DO NOT GRANT** permission for Sacred Heart Parish, to use pictures of my child (ren) in printed materials or on-line communications, including the parish website or parish social-networking sites, for informational or promotional purposes.

_____/_____/_____
Signature of Parent/Guardian Date

(PLEASE REVIEW THE ABOVE INFORMATION TO ENSURE ALL QUESTIONS ARE ANSWERED)