Sacred Heart of Jesus Catholic Church

Parish School of Religion Registration Form

2022-2023 Pastoral Year

**First Communion, Confimration 1, and Parent classes will meet every Wednesday from 6:00pm to 7:30pm.**

**Confirmation 2 classes will meet every Sunday from 4:00 pm to 5:30 pm.**

| Child Name: | Date of Birth: |
| --- | --- |

| Gender: | Grade: |
| --- | --- |

| Is your child baptized?  | If so, where? |
| --- | --- |

| Which Sacramental class will your child attend?* First Communion
* Confirmation 1 (8th Grade)
* Confirmation 2 (9th Grade)
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| --- |

| Does your child have any allergies? If so, please list them below: | Is your child prescribed an epipen, inhaler, or any other medical device that must accompany them?  |
| --- | --- |

| Does your child have any special needs or considerations with learning? If so, please explain. |
| --- |

| Parent/Guardian name(s): |
| --- |

| Phone Number: | Address: | Email Address: |
| --- | --- | --- |

| Marital Status of Parents:* Married
* Divorced
* Separated
* Other
 | Are there any custodial issues of which we should be aware? Please explain  |
| --- | --- |

| Emergency Contact: | Emergency Contact Phone Number: |
| --- | --- |

| Emergency Contact Relation to Child:  |
| --- |

| Parent meetings will be held at the same time as PSR each Wednesday. These meetings will focus on assisting parents as the primary catechist in the home. They will also provide study and discussion on how to help our children navigate various social, emotional, and personal issues. Do you plan to attend these meetings? **Yes/No** |
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| While parents are **strongly encouraged** to attend the parent meetings during their child’s PSR class, we understand that some may not be able to do so. For this reason, please list any others who are allowed to pick up your child from class. Anyone not listed on this form will not be allowed to pick up your child.  |
| --- |
| Full Name: | Phone Number: |
| Full Name: | Phone Number: |
| Full Name: | Phone Number: |
| Full Name: | Phone Number: |
| Full Name: | Phone Number: |

| If my child requires immediate medical attention, I authorize a representative of Sacred Heart Church to act on my behalf. **Yes / No**  |
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| I give my permission for my children to be photographed and/or videotaped for program planning and public relations purposes (church website and church social media accounts). This includes the group sacrament photo submitted to the One Voice and the Sacred Heart Church bulletin. **Yes / No**   |
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| Signature: | Date: |
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