

Sacred Heart Parish
Religious Education Registration
 7809 46th Way N, Pinellas Park, FL 33781

Family: _____ **Date:** _____
 _____ **Home Phone:** _____
 _____ **Mom/Dad Work:** M _____ D _____
M. Maiden: _____ **Emerg. Phone:** _____
Custodial Parent, if different from above _____ **Email:** _____
Rel Ed mailing to additional address? If so, stat _____ **School:** _____
 _____ **Both Parents Catholic? Y N** _____

Child	Birthdate	Sex	Grade	Session	Room	Sac. Program?
Sacrament and Date: Baptism <input type="checkbox"/> _____ Catholic? <input type="checkbox"/> _____ Eucharist <input type="checkbox"/> _____ Penance <input type="checkbox"/> _____ Confirmation <input type="checkbox"/> _____						
Special Needs: medical, learning disabilities, physical disabilities: _____						

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Special Needs: medical, learning disabilities, physical disabilities: _____						

NOTE: If any of your children were baptized outside of this parish, and you have not already supplied us with a copy of each child's baptismal record, you will need to supply a copy for our files.

Tuition due: \$ _____ **Tuition Pd: \$** _____ **Signature:** _____