

RELIGIOUS EDUCATION REGISTRATION FORM 2020-21



General Family Information

Family Name: _____ Registered at Sacred Heart? ___ Yes ___ No

Address: _____

City: _____ State: _____ Zip: _____

Father's Name: _____

Father's Religion: _____ Father's Primary Phone: _____

Father's Primary Email: _____

Mother's Name & Maiden Name: _____

Mother's Religion: _____ Mother's Primary Phone: _____

Mother's Email: _____

***Email is the primary form of communication for RE**

If you do not check email regularly, please check here: _____ Email is not my best contact

_____ This phone number is best to call for RE updates: (_____) - _____ - _____

Emergency contact in case parents cannot be reached during RE session:

Name: _____ Phone: _____

Relationship to Child: _____

Media Release

Videos, still photographs, and audio recordings may be taken during RE sessions. This authorization constitutes permission for my child(ren)'s participation in videotaping, still photographs, and/or audio recordings, which may be used for future promotional efforts, including Sacred Heart Parish and the Diocese of Wheeling-Charleston publications and websites.

___ I **DO** grant permission for media of my children to be used for these purposes.

___ I **DO NOT** grant permission for media of my children to be used for these purposes.

Parent Signature: _____ Date: _____

Student Information

(Please provide copies of sacramental certificates outside of Sacred Heart)

Name (F, M, L): _____

DOB: _____ Gender: ___ Male ___ Female

School: _____ Grade: _____

Years in RE: _____ Current RE grade: _____

Baptism: ___ Yes ___ No Parish & city/state: _____

Reconciliation: ___ Yes ___ No Parish & city/state: _____

First Communion: ___ Yes ___ No Parish & city/state: _____

Confirmation: ___ Yes ___ No Parish & city/state: _____

Allergies/Medical Issues/Special Needs: _____

Name (F, M, L): _____

DOB: _____ Gender: ___ Male ___ Female

School: _____ Grade: _____

Years in RE: _____ Current RE grade: _____

Baptism: ___ Yes ___ No Parish & city/state: _____

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First Communion: ___ Yes ___ No Parish & city/state: _____

Confirmation: ___ Yes ___ No Parish & city/state: _____

Allergies/Medical Issues/Special Needs: _____

Please return registration form one of the following ways:

- By mail or drop off at the parish office: 1114 Virginia Street East, Charleston, WV 25301
- Scan and email to idachikara@gmail.com or ahodges@shccwv.us.
- Orientation meeting information TBA

