

# RELIGIOUS EDUCATION REGISTRATION FORM 2022-23



## 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: \_\_\_\_\_

Reconciliation: \_\_\_ Yes \_\_\_ No Parish & city/state: \_\_\_\_\_

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](mailto:idachikara@gmail.com) or [ahodges@shccwv.us](mailto:ahodges@shccwv.us).

**Orientation meeting information TBA**

