



**FAITH FORMATION
RELIGIOUS EDUCATION PROGRAM
REGISTRATION**

**CLASSES HELD AT
SACRED HEART ~ KENT**

CLASS DATES:

**2019: 9/15, 10/6, 11/3, 11/17, 12/1, 12/15
2020: 1/19, 2/2, 2/16, 3/1, 3/15, 4/5, 4/19**

Family Last Name: [Please Print] _____

Home Street Address: _____ PO BOX # _____

Town: _____ State: _____ Zip: _____

Home Phone # _____ Cell # _____

Parental / Guardian Email Address: [Please Print Clearly] _____

Student's Full Name:

1. _____ 2019 / 2020 Grade Level: _____ Date of Birth: _____

Sacraments Received to date: [check if yes] Baptism: ___ Communion: ___

2. _____ 2019 / 2020 Grade Level: _____ Date of Birth: _____

Sacraments Received to date: [check if yes] Baptism: ___ Communion: ___

3. _____ 2019 / 2020 Grade Level: _____ Date of Birth: _____

Sacraments Received to date: [check if yes] Baptism: ___ Communion: ___

4. _____ 2019 / 2020 Grade Level: _____ Date of Birth: _____

Sacraments Received to date: [check if yes] Baptism: ___ Communion: ___

Do any of these children have a medial /allergic condition that we need to be aware of?
Please identify here if there is.

Parental Signature: _____