

**SACRED HEART CHURCH**  
*Faith Formation Office*  
 720 Merrick Ave  
 North Merrick, NY 11566  
 516-379-1356

**OFFICE USE ONLY**  
 Date \_\_\_\_\_  
 Amount \_\_\_\_\_  
 Cash/Check # \_\_\_\_\_  
 Credit Card \_\_\_\_\_

**REGISTRATION FORM 2019-2020**

(Please print all information)

Family Name \_\_\_\_\_ Envelope # \_\_\_\_\_  
 Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_  
 Father's Full Name \_\_\_\_\_  
 Mother's Full Name \_\_\_\_\_ Maiden Name \_\_\_\_\_  
 Mother's cell \_\_\_\_\_ Father's cell \_\_\_\_\_  
 Email address \_\_\_\_\_

**Class Schedule:** Tuesday and Wednesday: 4pm-5pm Grades 1,3 4 & 5  
 Wednesday: 7pm-8pm Grades 7&8  
 Thursday: 4pm-5pm Grades 2 & 6

For grades 1,3,4 & 5 Please indicate choice of day: Tuesday Wednesday (please circle one)

**A BAPTISMAL CERTIFICATE MUST ACCOMPANY ALL  
 NEW STUDENT REGISTRATIONS**

Children will not be placed in a class without this information.

Child's Name	Date of Birth	School	Grade in Sept.
1.			
2.			
3.			
4.			

\_\_\_\_\_ I would like to be a Catechist, please contact me.  
 \_\_\_\_\_ I would like to be a Hall Monitor, please contact me.  
 \_\_\_\_\_ I am able to substitute in my child's class if necessary.

**Allergies:** (food or environmental). Please include name of child if you have more than one.

**Special Circumstances:** (IEP, speech, language, etc)

## Emergency Contact Information (*OTHER THAN CHILD'S PARENTS*)

Name \_\_\_\_\_ Relationship to student \_\_\_\_\_

Cell Phone \_\_\_\_\_

### Registration Fees

#### Early Bird (Received by May 1<sup>st</sup>)

- 1. Child - \$190
- 2 Children - \$260
- 3 or more children - \$310

#### Regular Registration (Received *after* May 1<sup>st</sup>)

- 1 child - \$240
- 2 children - \$310
- 3 or more children - \$360

### Sacrament Donations:

First Communion: \$70 (Due January 16<sup>th</sup>)

Confirmation - \$90 (Due January 15<sup>th</sup>)

\*Please make checks payable to Sacred Heart Faith Formation

## Photo/Video Permission and Release Form

I hereby grant permission, without reservation, to the Sacred Heart Faith Formation Program, and to those authorized by the Sacred Heart Faith Formation Program, to take photographs and make recordings of my children, and to use them in original or modified form in the parish bulletin, solely for the promotion, public education and/or informational purposes of the Sacred Heart Faith Formation Program.

I understand and agree that I am entitled to receive no compensation for the above. I further agree that the Sacred Heart Faith Formation Program will be the sole owner of all tangible and intangible rights in the abovementioned photographs and recordings, with full power of disposition. I am the parent or guardian of the minor/minors named, and I hereby consent to the foregoing on behalf of the minor(s) and myself.

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Parent/Guardian Signature

### Mass Attendance

It is a grave sin to miss Mass. When we are at Mass, we renew our Covenant with Him; the new Covenant that he instituted with us at the Last Supper.

This covenant is something that has to be renewed every week. God created a covenant with man and we are called to 'keep holy the Sabbath.' When we make a decision to deny this invitation we are saying we don't want a relationship with him,

I understand Mass is an integral part of the Faith Formation Program and my child **may not be able to continue to the next level if he/she is not attending Mass on a regular basis.**

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Parent/Guardian Signature

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**Credit Card Authorization (please print all information)**

Type of Credit Card (circle one)                      VISA                      MasterCard

Name (as it appears on credit card) \_\_\_\_\_

Billing Address \_\_\_\_\_

Phone \_\_\_\_\_

Credit Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_ (CVV) Code on back of card \_\_\_\_\_

With my signature below, I authorize for Sacred Heart Church, 720 Merrick Ave, North Merrick to charge the credit card listed above in the amount of \$\_\_\_\_\_

\_\_\_\_\_  
Signature (as shown on credit card)

\_\_\_\_\_  
Date