

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 2020-2021

(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 (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 12th)

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

Regular Registration (Received *after* May 12th)

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

Sacrament Donations:

First Communion: \$70 (Due January 14th)

Confirmation - \$90 (Due January 13th)

*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 has not handed in the required number (15) of Mass Attendance Cards.**

Parent/Guardian Printed Name

Parent/Guardian Signature

*Sacred Heart Church
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Credit Card Authorization (please print all information)

I give permission for Sacred Heart Church, 720 Merrick Ave, North Merrick to charge the credit card listed below in the amount of \$_____*

Signature

Date

=====
Type of Credit Card (circle one)

VISA

MasterCard

Name (as it appears on credit card) _____

Billing Address _____

Phone _____

Credit Card # _____

Expiration Date _____ Code on back of card _____

*Please note that all credit card information is shredded not kept once the charges have been approved.