

**Sacred Heart of Jesus Church, Dupont
Registration Form**

Religious Formation-CCD

2024 - 2025 Academic Year

Return form and fee to the Parish Office.
One form per child.

Make check payable to Sacred Heart Church.

Registration paid: \$ _____ Check # _____

Fee: \$30.00 First child
\$20.00 Second child
\$15.00 Third child
\$10.00 Fourth child

*If there is difficulty in paying the CCD fee, please
contact Father Petro.*

IF YOUR CHILD IS RECEIVING A SACRAMENT THIS
YEAR AND WAS NOT BAPTIZED AT SACRED
HEART CHURCH, YOU MUST SUBMIT A NEW COPY
OF HIS/HER BAPTISMAL CERTIFICATE WHEN
REGISTERING YOUR CHILD.

STUDENT INFORMATION

Please Print – Do not use nicknames

Grade: _____

Name: _____

Address: _____

City/State/Zip: _____

Cell: _____

Home Phone: _____

E-mail: _____

School: _____

Date of Birth: _____

Father's Name: _____

Mother's Name: _____

Mother's Maiden Name: _____

Does child reside with someone other than the parent?

Yes/No _____

Custody: Mother: _____ Father: _____

Guardian's Name: _____

*All families in our program need to be
registered in the parish and have a census
form on file in our parish office.*

Are you registered in the parish? _____

Do you receive parish envelopes? _____

Are you using your parish envelopes to
support the Church? _____

Please name any physical, emotional or learning needs
we should be made aware of:

Food allergies:

Baptismal Information

(Month/Day/Year) _____

Church of _____

Address _____

Sacraments Received

Has your child received First Holy Communion? Yes/No

Has your child received Confirmation? Yes/No

In case of illness that may or may not be an emergency,
please give the names of two (2) people who can be
reached by phone and would be willing to come for your
child if you, as a parent, cannot be reached.

1. Name/Relation: _____

Phone: _____

2. Name/Relation: _____

Phone: _____

Parent's Signature: _____