

**SACRED HEART CHILDREN'S FAITH FORMATION
REGISTRATION FORM**

Registration Date:(dd/mm/yy)_____

Child's Name: _____

Date of Birth: _____ Place of Birth: _____
Day/month/year

Child's Grade in Sept.: _____ Child's school: _____

Parent's names: Mom: _____

Dad: _____

Mailing Address: _____

E-mail address: Mom: _____

Dad: _____

Home Telephone #: _____

Cell#: Mom: _____ Dad: _____

SACRAMENTS YOUR CHILD HAS RECEIVED

Baptism: _____ Date (dd/mm/yyyy): _____ Church/Parish: _____

Confirmation: _____ Year: _____ Church/Parish: _____

1st Communion: _____ Year: _____ Church/Parish: _____

1st Reconciliation: _____ Year: _____ Church/Parish: _____