

**Sacred Heart Children's Faith Formation Registration** Date: \_\_\_\_\_  
(Preschool to Grade 7) DD/MM/YY

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

DD/MM/YY

Child's Grade in Sept .: \_\_\_\_\_ Child's school: \_\_\_\_\_

Parent's Names: Mom: \_\_\_\_\_

Dad: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone #: \_\_\_\_\_

E-mail address: Mom: \_\_\_\_\_ Cell#: \_\_\_\_\_

Dad: \_\_\_\_\_ Cell#: \_\_\_\_\_

Emergency Contact: Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

My child is interested in (Please Circle):

**Ushering / Altar Serving / Proclaiming / Offertory (Gifts) / Hospitality / Music**

**SACRAMENTS YOUR CHILD HAS RECEIVED**

Baptism: \_\_\_\_\_ Date: \_\_\_\_\_ Church/Parish: \_\_\_\_\_

1<sup>st</sup> Communion: \_\_\_\_\_ Year: \_\_\_\_\_ Church/Parish: \_\_\_\_\_

Confirmation: \_\_\_\_\_ Year: \_\_\_\_\_ Church/Parish: \_\_\_\_\_

Has your child celebrated the Sacrament of Reconciliation? Yes \_\_\_\_\_ No \_\_\_\_\_