

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

Registration Date:(dd/mm/yy) _____

Child's Name: _____

Date of Birth: (dd/mm/yy)_____ Place of Birth: _____

Child's Grade in September 2025: _____ Child's School: _____

Parent's Names: Mom: _____ Maiden Name: _____

Dad: _____

Mailing Address: _____ Postal Code: _____

E-mail: Mom: _____ Cell# _____

Dad: _____ Cell# _____

My child is interested in: Altar Serving _____ Ushering _____ Gift Bearer _____

Children's Choir _____

SACRAMENTS YOUR CHILD HAS RECEIVED

Baptism: _____ Date (dd/mm/yy): _____ Church: _____

1st Reconciliation: _____ Year: _____ Church: _____

1st Holy Communion: _____ Year: _____ Church: _____

Confirmation: _____ Year: _____ Church: _____