



SACRED HEART FAITH FORMATION

Student Name: _____ Grade (September 2016) _____

Parent Email: _____

Student Email: _____

Address: _____

City, State, Zip Code: _____

Parents' Names: _____

Primary Phone: _____ Secondary Phone: _____

Emergency Contact & Number _____

Special Needs or Medical Condition: _____

Baptismal Information: Church _____ Date: _____

A Baptismal Certificate is required for all students NOT baptized at Sacred Heart.

Parents: Are you active and registered members of Sacred Heart Parish: Yes _____ No _____

Are you available / interested in helping as a teacher, aide, or any other capacity? _____

Students: Are you committed to attending mass every week? _____

Are you committed to a serious formation of your spiritual and academic faith? _____

Registration: One Student - \$60.00 Two students - \$75.00

Parent Signature _____ Date: _____

Student Signature _____ Date: _____

Fee: _____ Paid (Y / N) _____ Registration Taken By: _____

Cash: _____ Check No. _____

*****MAIL FORM & CHECK TO SACRED HEART RECTORY,
63 EAST MAIN ST., ROCKAWAY, NJ 07866*****