

2018 - 2019 RELIGIOUS FORMATION ENROLLMENT FORM

Registration Date: _____

Amt Paid: _____ Cash Check Credit/Debit

FAMILY'S LAST NAME: _____ Address: _____ City: _____ Home Phone _____

Father's Name: _____ Cell Phone: _____

Mother's Name: _____ Cell Phone: _____

Emergency Contact Name & Phone: _____

Email: _____

Parish you are registered at: _____
 _____ City: _____
 Out of Parish Fee of \$50 added if not registered at Sacred Heart

**SEE THE REVERSE SIDE OF THIS FORM FOR THE
 MEDICAL TREATMENT RELEASE FORM.**

**THIS INFORMATION IS REQUIRED BY THE
 ARCHDIOCESE OF DETROIT.**

<p>Student Name: _____</p> <p>Date of Birth: _____</p> <p>Special needs: _____</p>	<p><u>IMPORTANT: Copy of Baptism certificate required if not baptized at Sacred Heart</u></p> <p>Church of Baptism: _____</p> <p>City/State: _____</p> <p>Received First Eucharist? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Church: _____</p>	<p>Grade: _____</p> <p>Sunday <input type="checkbox"/></p> <p>Monday <input type="checkbox"/></p>
<p>Student Name: _____</p> <p>Date of Birth: _____</p> <p>Special needs: _____</p>	<p>Church of Baptism: _____</p> <p>City/State: _____</p> <p>Received First Eucharist? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Church: _____</p>	<p>Grade: _____</p> <p>Sunday <input type="checkbox"/></p> <p>Monday <input type="checkbox"/></p>
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MEDICAL TREATMENT RELEASE FORM
For Religious Formation Classes
(Required by the Archdiocese of Detroit)

To Whom it May Concern:

As parent/guardian, I do hereby authorize the treatment of a qualified and licensed physician of any condition which, in the opinion of the physician, is deemed necessary and appropriate. This authority is granted only after a reasonable effort has been made to reach me.

Name of Minor: _____ Relationship to you: _____
Name of Minor: _____ Relationship to you: _____
Name of Minor: _____ Relationship to you: _____

Address of Minor(s): _____ City: _____ Zip: _____

Emergency Phone number(s): _____

Family Physician: _____ Phone: _____

List allergies, medication, or other pertinent information:

Health Insurance Information:

Company: _____ Group number: _____
Contract or Policy number: _____

I further authorize the person who presents the minor to sign the Acknowledgment of Receipt of Notice Privacy Rights that may be presented by the physician or health care facility.

This authorization is completed and signed of my own free will with the sole purpose of authorizing medical treatment deemed necessary and appropriate by the treating physician.

Date: _____ Signed: _____
(Parent or Guardian)

SACRED HEART CHURCH RELIGIOUS FORMATION FEES 2018 - 2019

Sunday classes: 9:35 a.m. to 10:50 a.m.

Monday classes: * Note new time - 4:45 p.m. to 6:00 p.m.

Please note: The Monday After-School Program
will not be offered this year.

FULL TUITION IS DUE AT TIME OF REGISTRATION AND IS NON-REFUNDABLE

Early Registration - Tuesday, July 10, 2018 through August 31, 2018

Late fee of \$35 added after August 31st

Non-Registered and Out-of-Parish Tuition - Add \$50

A “registered” family is one who is registered and active at Sacred Heart for at least 3 months, attends Mass regularly, shares their time and talent with the parish, and contributes to the parish offertory.

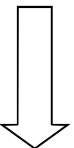
If you have a preschooler or kindergartener only:
\$30 tuition per student

1ST GRADE THROUGH 8TH		IF CHILD IS IN 2ND GRADE, ADD \$40 FOR SACRAMENT MATERIAL FEE.
One Child	\$125.00	IF CHILD IS IN 4TH GRADE, ADD \$20 FOR SACRAMENT MATERIAL FEE.
Two Children	\$150.00	IF CHILD IS IN 8TH GRADE, ADD \$50 FOR CONFIRMATION RETREAT FEE.
Three Children	\$175.00	
Four Children	\$200.00	

remind101

- Get instant updates from the Sacred Heart Religious Formation Office regarding schedule changes, weather related closings, and important reminders.
- All personal information remains completely confidential.
- Use any device - Choose how you see messages with notifications on your phone, email, or computer.

To receive messages via text, text
@e7fed to 734-720-1332.



You can opt-out of messages at anytime
by replying, “unsubscribe @e7fed.”

Or, to receive messages via email, send
an email to: e7fed@mail.remind101.com. You can leave the subject line blank.

To unsubscribe, reply with “unsubscribe” in the subject line.

Visit www.remind101.com to learn more