

**Sacred Heart Parish**  
**Religious Education Registration**  
 243 Lafayette Ave., Palmerton, PA 18071

Family: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mom/Dad Work: M \_\_\_\_\_ D \_\_\_\_\_

M. Maiden: \_\_\_\_\_

Emerg. Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Custodial Parent, if different from above: \_\_\_\_\_

School: \_\_\_\_\_

Rel Ed mailing to additional address? If so, state \_\_\_\_\_

Both Parents Catholic? Y N \_\_\_\_\_

Child	Birthdate	Sex	Grade	Session	Room	Sac. Program?
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**Sacrament and Date:**    Baptism    *Catholic?*    Eucharist    Penance    Confirmation

\_\_\_\_\_  \_\_\_\_\_     \_\_\_\_\_  \_\_\_\_\_     \_\_\_\_\_

Special Needs: medical, learning disabilities, physical disabilities: \_\_\_\_\_

Child	Birthdate	Sex	Grade	Session	Room	Sac. Program?
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**Sacrament and Date:**    Baptism    *Catholic?*    Eucharist    Penance    Confirmation

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Special Needs: medical, learning disabilities, physical disabilities: \_\_\_\_\_

Child	Birthdate	Sex	Grade	Session	Room	Sac. Program?
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**Sacrament and Date:**    Baptism    *Catholic?*    Eucharist    Penance    Confirmation

\_\_\_\_\_  \_\_\_\_\_     \_\_\_\_\_  \_\_\_\_\_     \_\_\_\_\_

Special Needs: medical, learning disabilities, physical disabilities: \_\_\_\_\_

NOTE: If any of your children were baptized outside of this parish, and you have not already supplied us with a copy of each child's baptismal record, you will need to supply a copy for our files.

Tuition due: \$ \_\_\_\_\_    Tuition Pd: \$ \_\_\_\_\_    Signature: \_\_\_\_\_