

Sacred Heart Catholic Church

Religious Education Enrollment Form 2024-2025

Kindergarten-12th Grade

Student Information

Full Name:		Date of Birth:
Grade:	Any medical Needs / Issues?	
School:		
<input type="checkbox"/> BISD <input type="checkbox"/> LISD Other:		

Sacraments

Sacrament	Received?	Date	Parish
Baptism	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Reconciliation	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Holy Eucharist	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Confirmation	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Best Way to Contact You

Parent Name:	Email:
Mobile Phone:	Home Phone:
Address:	City, State, Zip code:

Parent Name:	Email:
Mobile Phone:	Home Phone:
Address:	City, State, Zip code:

Emergency Contact

Name:	Phone Number: