



# Sacred Heart of Jesus

ROMAN CATHOLIC CHURCH

## Office of Faith Formation

115-58 222nd Street, Cambria Heights, NY 11411

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www:sacredheartny.com

e-mail: faithformation@sacredheartny.com

## 2020-2021 REGISTRATION FORM

**PLEASE PRINT LEGIBLY**

**STUDENT'S NAME:** \_\_\_\_\_

Last Name

First Name

Middle Name

**GENDER:** (Please circle one) Male or Female **DATE OF BIRTH** (Month, Day, Year) \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**FATHER'S NAME:** \_\_\_\_\_ **RELIGION:** \_\_\_\_\_

Father's Email: \_\_\_\_\_ Father's Cell: \_\_\_\_\_ Allow Text: Yes \_\_\_

**MOTHER'S NAME:** \_\_\_\_\_ **RELIGION:** \_\_\_\_\_

Mother's Email: \_\_\_\_\_ Mother's Cell: \_\_\_\_\_ Allow Text: Yes \_\_\_

**EMERGENCY CONTACT:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

### ADULTS WITH WHOM THE CHILD LIVES (IF NOT NATURAL PARENTS)

**FULL NAME:** \_\_\_\_\_ **Relationship to the Child:** \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Did your child previously attend Catholic school? Yes \_\_\_ No \_\_\_ Grade: \_\_\_\_\_

Did your child attend a Religious Education program? Yes \_\_\_ No \_\_\_ Grade: \_\_\_\_\_

If YES, what parish? \_\_\_\_\_ How long? \_\_\_\_\_

What languages are spoken at home? \_\_\_\_\_

Are you a registered in this church? Yes : \_\_\_ If yes, write your envelope number: \_\_\_\_\_

**No:** \_\_\_ If no, please call the rectory at 718-528-0577 or register online at <https://www.sacredheartny.com/parish-registration>

Note: If your child is a new student, please email her/his BAPTISM CERTIFICATE [faithformation@sacredheartny.com](mailto:faithformation@sacredheartny.com)

**PARENT'S /GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_