

**Sacred Heart of Jesus Church  
46 Stone Street ♦ Danbury, CT 06810**

**Office of Faith Formation**

Phone: 203-743-0689 ♦ Email: [sh-dre@snet.net](mailto:sh-dre@snet.net) ♦ Website: [www.sacredhrtchurch.org](http://www.sacredhrtchurch.org)

**Faith Formation Registration Form (2011 – 2012 )**

**Registration Fees: \$125.00 One Child -- \$150.00 Two or More Children**  
**Sacrament Fee: \$40.00 (First Reconciliation/First Eucharist & Confirmation)**

Checks payable to: **Sacred Heart of Jesus Church**

Please check all pre-printed information on the back of this form. Please make any additions or corrections below.

Family's Last Name: \_\_\_\_\_

Family's Address: \_\_\_\_\_  
City State Zip

Father's First and Last Name: \_\_\_\_\_ His Religion: \_\_\_\_\_

Mother's First and Maiden Name: \_\_\_\_\_ Her Religion: \_\_\_\_\_

Marital Status of Parents: \_\_\_Single \_\_\_Married \_\_\_Widowed \_\_\_Separated \_\_\_Divorced

Child Resides with: \_\_\_\_\_ Both Birth Parents \_\_\_\_\_ Birth Mother \_\_\_\_\_ Birth Father \_\_\_\_\_ Other

Does Your Child Have Special Needs? \_\_\_\_\_

Mail Should be Addressed to: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Whose Cell? \_\_\_\_\_

Work Phone: \_\_\_\_\_ Whose Work Phone? \_\_\_\_\_

Email Address: \_\_\_\_\_ (Please Print Clearly)

In Case of Emergency and Parents Cannot be Reached:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

***Note: Please include a copy of your child's Baptismal Certificate if new to the program or will be celebrating a Sacrament in 2012. List month and year of Sacraments.***

Child's First Name	Last Name	Birth Date	Baptism Date	Eucharist Date	School in Sept. 2011	Grade in Sept. 2011

**Please Note:** Please consider helping us to fulfill the needs of our Parish children by volunteering in one or more of the following areas:

Sunday Morning Catechist: \_\_\_\_\_ Substitute Catechist: \_\_\_\_\_ Catechist's Aide: \_\_\_\_\_

Workshops/Retreats: \_\_\_\_\_ Hospitality (Food for Events/Set Up & Clean Up): \_\_\_\_\_

**Office Use Only:**

Family Tuition Amount Due: \$ \_\_\_\_\_ Paid: \$ \_\_\_\_\_ Date: \_\_\_\_\_ Check #: \_\_\_\_\_

Sacrament Fee Due (Circle) Yes No Date Sacrament Fee Paid: \_\_\_\_\_ Check #: \_\_\_\_\_