

**Shrine of the Sacred Heart
Faith Formation Registration 2019-2020**

Please print clearly Today's date _____

Father's name:
(First) _____ (Last) _____

Mother's name:
(First) _____ (Last) _____

Mailings should be addressed to:
Name: _____

Address: _____

City: _____ State _____ Zip _____

Phone _____ Alternate _____

Email: _____

Fee: One child \$90, two children in the same family \$125,
three or more children in the same family \$145

Fee enclosed or Please defer until Dec. 1

For office use:

PLEASE COMPLETE OTHER SIDE

1. **Child's Name** DOB ____ / ____ / ____
(First) _____ (Last) _____

School _____ Grade (in Sept) _____

Faith Formation Grade (if different than above) ____

If new registration:

Date of Baptism ____ / ____ / ____ Church _____

Previous Faith Formation Place _____ No of Yrs _____

2. **Child's Name** DOB ____ / ____ / ____
(First) _____ (Last) _____

School _____ Grade (in Sept) _____

Faith Formation Grade (if different than above) ____

If new registration:

Date of Baptism ____ / ____ / ____ Church _____

Previous Faith Formation Place _____ No of Yrs _____

3. **Child's Name** DOB ____ / ____ / ____
(First) _____ (Last) _____

School _____ Grade (in Sept) _____

Faith Formation Grade (if different than above) ____

If new registration:

Date of Baptism ____ / ____ / ____ Church _____

Previous Faith Formation Place _____ No of Yrs _____

4. **Child's Name** DOB ____ / ____ / ____
(First) _____ (Last) _____

School _____ Grade (in Sept) _____

Faith Formation Grade (if different than above) ____

If new registration:

Date of Baptism ____ / ____ / ____ Church _____

Previous Faith Formation Place _____ No of Yrs _____

Please indicate below any special circumstances /concerns that may affect attendance/participation of your child/youth in the Faith Formation Program or anything that you think would be helpful for us to know (i.e. divorce, shared custody, parent deceased, learning or health difficulties including allergies, etc) Also please note here if your child will be in 3rd grade or above and has not celebrated First Reconciliation or First Eucharist, and if your teen will be in tenth grade or above and has not celebrated Confirmation.

By registering my child(ren) in the Faith Formation Program I understand that:

- As an integral part of our faith formation curriculum, we will be teaching Catechesis for Family Life. This age-appropriate program about Christian living, chastity, character formation, and safe environment training promotes communication between you and your child. You are encouraged to review the program materials that the catechist will be using in the classroom, as well as the materials you will receive for home discussion. After examining the program, if you have any questions or concerns about your child's participation in this program, please contact Bernetta Palasik, Coordinator of Elementary Faith Formation.
- My family must be registered at The Shrine of the Sacred Heart Church
- Classes begin promptly at 10:15 and end at 11:15. Children should be picked up on time. If there is an emergency delay, please contact Bernetta Palasik on my cell # 443-248-9461.

Parent/guardian signature_____

Date_____

Office of Faith Formation
Attention: Bernetta Palasik
1701 Regent Road
Balto., MD 21209
410-466-6884 ext. 16