

**Sacred Heart Parish  
Religious Education Registration**

37 Schuyler Ave, Stamford, CT 06902 ( ) - -

Family Last Name: \_\_\_\_\_

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

Father's Name: \_\_\_\_\_

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

Mother's Name: \_\_\_\_\_

Mom/Dad Work/Cell: \_\_\_\_\_

Mother's Maiden: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

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

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

Home Address: \_\_\_\_\_

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

Child	Birthdate	Sex	Grade	Session	Room	Class
<p>Sacrament and Date: <u>Baptism</u> <u>Catholic?</u> <u>Eucharist</u> <u>Penance</u> <u>Confirmation</u></p> <p> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____                 </p>						
<p>Special Needs: medical, learning disabilities, physical disabilities: _____</p>						

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<p>Special Needs: medical, learning disabilities, physical disabilities: _____</p>						

**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: \_\_\_\_\_