

Sacred Heart Church  
37 Schuyler Avenue  
Stamford, CT 06902  
203-324-9544  
stamfordsacredheart.org

Reverend Alfonso Picone, Pastor  
Reverend Martin de Mayo, Parochial Vicar

Michele Sabia, DRE  
msabiaccd@optimum.net



SACRED HEART CHURCH  
RELIGIOUS EDUCATION PROGRAM  
**ENROLLMENT FORM 2022-2023**

\_\_\_\_\_ WE ARE REGISTERED, ACTIVE PARISHIONERS OF \_\_\_\_\_

\_\_\_\_\_ WE ARE NOT REGISTERED IN A PARISH

**CHILD'S NAME** \_\_\_\_\_ **DOB** \_\_\_\_/\_\_\_\_/\_\_\_\_

**BOY or GIRL AGE** \_\_\_\_\_ **SCHOOL** \_\_\_\_\_ **GRADE** \_\_\_\_\_

WHERE WAS CHILD BAPTIZED? \_\_\_\_\_

**(IF NOT SACRED HEART CHURCH, COPY OF CERTIFICATE MUST BE ATTACHED)**

WHERE DID CHILD RECEIVE FIRST HOLY COMMUNION? \_\_\_\_\_

**(IF NOT SACRED HEART CHURCH, COPY OF CERTIFICATE MUST BE ATTACHED)**

WHERE DID CHILD ATTEND CCD LAST YEAR? \_\_\_\_\_

**DISMISSAL INFORMATION**

**WHO WILL BE RESPONSIBLE FOR PICK-UP AT DISMISSAL?**

PARENT \_\_\_\_\_

GRANDPARENT \_\_\_\_\_

CAREGIVER \_\_\_\_\_

**DOES YOUR CHILD HAVE YOUR PERMISSION TO WALK HOME? YES/NO**

**IF YES, PARENT MUST WRITE A LETTER OF PERMISSION TO WALK HOME**

**PARENT 'S SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

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**FOR RECTORY OFFICE USE ONLY**

**DATE** \_\_\_\_/\_\_\_\_/\_\_\_\_

- YES/NO DOB ANNUAL CONSENT AND RELEASE COMPLETED
- YES/NO REGISTERED, ACTIVE PARISHIONERS OF SACRED HEART CHURCH.
- YES/NO BAPTISM CERTIFICATE ON FILE
- YES/NO BAPTISM CERTIFICATE ATTACHED
- YES/NO FIRST COMMUNION CERTIFICATE ON FILE
- YES/NO FIRST COMMUNION CERTIFICATE ATTACHED
- TUITION FEE PAID IN FULL YES/NO            \$75/CHILD    \$200/THREE CHILDREN
- AMOUNT RECEIVED \$ \_\_\_\_\_