# FAMILY REGISTRATION
# 2019-2020 SACRED HEART CHURCH PARISH SCHOOL OF RELIGION

Please return this family form along with one student registration form for each child.
Make checks payable to **"Sacred Heart PSR"**.
Please review this information and mark with any changes before submitting this form.
Tuition Schedule for K-8 and Preschool:

One Student – $40.00 Two Students – $50.00 Three or more Students – $60.00

**(Please Print)**

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Family Last Name: _____ Family registered in Parish: Yes: ____ No: ____

Phone #: _____

Address: _____
Street City Zip

Cell #: _____

e-mail address: _____

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Father's name: _____
First MI Last (if different) Natural or Step Father Religion Deceased Marital Status

Mother's name: _____
First MI Last (if different) Natural or Step Mother Religion Deceased Marital Status

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**Please list all children in the household**

| | First | MI | Last Name (if different) | Gender | Birthdate | Baptism Date |
|---|---|---|---|---|---|---|
| Child: | _____ | _____ | _____ | _____ | _____ | _____ |
| Child: | _____ | _____ | _____ | _____ | _____ | _____ |
| Child: | _____ | _____ | _____ | _____ | _____ | _____ |
| Child: | _____ | _____ | _____ | _____ | _____ | _____ |
| Child: | _____ | _____ | _____ | _____ | _____ | _____ |

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| | Emergency Contacts (other than parents) | Phone | Relationsip |
|---|---|---|---|
| Emergency #1: | _____ | _____ | _____ |
| Emergency #2: | _____ | _____ | _____ |

FOR OFFICE USE ONLY:

Date Received: _____ Volunteer: _____ Amount Due: $ _____

Check #/Cash Paid: _____ Amount Paid: $ _____