Sacred Heart Parish
1061 Springfield St.
Feeding Hills, MA 01030

***** A COMPLETED CENSUS FORM IS REQUIRED FOR ALL NEW PARISH MEMBERS *****

Faith Formation

REGISTRATION

Family Information: Envelope Number: _____

Name: _____

Street: _____ Student Mother's Maiden Name:

PO Box: _____ _____

City/State/Zip: _____

Phone: _____ Unlisted (Y/N): _____ Cell Phone: _____

Will assist on Special Events (Y/N)_____

Mother Will Teach (Y/N)_____ Father Will Teach (Y/N)_____ e-Mail: _____

If you are new to the Parish and your children have not received the Sacraments of Baptism and First Communion here, copies of these certificates are needed.

Registering for grade:_____

First Name: MI Last Name: **M/F:** ___

_____ ___ _____

Date of Birth: _____ Parish/City

Baptism Month/Year: _____ _____

First Communion Month/Year: _____ _____

Special Needs/Allergies: _____

_____

Public School Attending: _____ Grade: _____

Previous Religious Education _____ **Grade Completed** ___

Emergency Information
Person to contact, not parents:
Name:
Phone:
Relationship:

Other Contact
Name:
Relationship:
Address:
City, St, Zip:
Phone:
Mail Information Yes / No

Registering for grade:_____

First Name: MI Last Name: **M/F** ___

_____ ___ _____

Date of Birth: _____ Parish/City

Baptism Month/Year: _____ _____

First Communion Month/Year: _____ _____

Special Needs/Allergies: _____

_____

Public School Attending: _____ Grade: _____

Previous Religious Education _____ **Grade Completed** ___

Emergency Information
Person to contact, not parents:
Name:
Phone:
Relationship:

Other Contact
Name:
Relationship:
Address:
City, St, Zip:
Phone:
Mail Information Yes / No

Office Use: Grade/Room Assigned:_____ Fee Paid:_____

Office Use: Checked by: R.E. Coordinator:____ Secretary:____ Computer Entry:_____

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