



Sacred Heart of Jesus Church

130 Keating Drive, Winchester, VA 22601 (540) 662-2651

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Religious Education Registration Form

2018– 2019

Dear Parents,

Our early registration begins on Monday, 16th April, 2018 with a change to our class schedule. Due to high demand, our Sunday and Monday sessions will return but again with class sizes limited to no more than 25 students per class. This is required by safety regulations for all of our students. Wednesday is our new addition to replace Saturday mornings. Please return your application as soon as possible to reserve your preferred session. You will be notified as soon as possible if an alternative time will need to be selected.

This year, the class sessions offered are as follows:

- 1. Sunday 3:30PM—5:00PM (All Grades)
- 2. Monday 5:30PM—7:00PM (All Grades)
- 3. Wednesday 5:30PM—7:00PM (All Grades)

We are always in need of your help. Please prayerfully consider what you can do to help keep our program successful. We are currently looking for Teachers, Assistants, Substitutes for the classroom, Traffic Controllers and Hall Monitors. Each role is vital. Please contact us for further information.

Family name _____
 Father's name _____
 Mother's name _____
 Address _____

 Email _____
 Home Phone _____
 Mother Cell _____
 Father Cell _____

By initialing below, I give permission for my child's image to be used on the Parish website only.

Parent Initial Here

1st Child _____ Grade _____ Session _____
 Sacraments ALREADY received __Baptism __Penance __Communion __Confirmation
 2nd Child _____ Grade _____ Session _____
 Sacraments ALREADY received __Baptism __Penance __Communion __Confirmation
 3rd Child _____ Grade _____ Session _____
 Sacraments ALREADY received __Baptism __Penance __Communion __Confirmation
 4th Child _____ Grade _____ Session _____
 Sacraments ALREADY received __Baptism __Penance __Communion __Confirmation

BAPTISM CERTIFICATE FOR EACH CHILD MUST BE ON FILE IN THE RELIGIOUS ED OFFICE UPON REGISTRATION.

EARLY REGISTRATION PERIOD

(begins 16th April, 2018
-ends on 31st May, 2018)

1 Student	\$ 60.00
2 Students	\$120.00
3 or more students	\$150.00

PAYMENT OPTIONS:

1. Full payment:
Amount \$ _____ Cash/Check _____ Date _____
 2. Installments (Completed before Dec 14th) _____ (verify with office)
 3. _____ Yes, I have completed the emergency medical form for each child
- * Any hardships, please contact the RE office. No child will be turned away for lack of funding.



Sacred Heart of Jesus Church
Religious Education Permission for Emergency Care
2018 - 2019

Student Name _____

Grade and Session _____

Parent/Guardian Name _____

Address _____

Emergency Contact Number for Parent/Guardian (____) _____

(____) _____

If Parent cannot be reached,

Name of Emergency Contact _____

Phone # of Emergency Contact (____) _____

Current medical conditions / allergies _____

Family Doctor _____

Phone # (____) _____

In case of an accident or serious illness, I request that I be contacted. If I can not be reached, the above emergency contact can be called to pick up my child. If neither can be reached, the religious education staff have my permission to take my child to the emergency room of the nearest hospital and I hereby authorize its medical staff to provide treatment, when a physician deems necessary for the well-being of my child. I will assume the responsibility for payment of the medical fees.

Printed name of Parent _____

Signature of Parent _____

Date _____