Sacred Heart of Jesus Church
130 Keating Drive, Winchester, VA 22601 (540) 662-2651
Email: homeschool@sacredheartwinchester.org; reoffice@sacredheartwinchester.org

Homeschool Religious Education Registration Form
2018 – 2019

Dear Homeschooling Parents,
Fr. Lundberg is requesting that all homeschoolers please register with the Religious Education Office in accordance with Arlington Diocese requirements for registration of homeschoolers with their home parish. We are intiating a new program to assist you with sacramental preparation and to continue education beyond sacramental years. To aid us in that, we request the following information:

Family name _____

Father's name _____
Mother's name _____
Address _____
_____
Email _____
Home Phone _____
Father's Cell _____
Mother's Cell _____

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

_____
Parent Initial Here

SACRAMENTS RECEIVED

	Baptism	Penance	Communion	Confirmation
1st Child _____ Relative Grade Level _____	☐	☐	☐	☐
2nd Child _____ Relative Grade Level _____	☐	☐	☐	☐
3rd Child _____ Relative Grade Level _____	☐	☐	☐	☐
4th Child _____ Relative Grade Level _____	☐	☐	☐	☐
5th Child _____ Relative Grade Level _____	☐	☐	☐	☐

Program(s) of Study Used: _____

Sacramental preparation required for:

Child's Name:_____ **Sacrament:**_____

Child's Name:_____ **Sacrament:**_____

Child's Name:_____ **Sacrament:**_____

For 2018-2019 school year, registration is requested to be completed prior to September 3, 2018.

UPON REGISTRATION, A BAPTISMAL CERTIFICATE MUST BE FILED WITH THE RELIGIOUS ED OFFICE FOR EACH CHILD.

Family Registration Fee of $50.00 is requested.

* 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(s) Name(s) _____

_____

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 _____