

**2010-2011 SACRED HEARTS CHRISTIAN FORMATION REGISTRATION FORM
(608) 837-8509**

Deadline for registration: May 1, 2010

We ask that every family fill out and return a registration form each year to ensure that we have your correct information. Please fill the form out completely.

Family Information

Student(s) live with _____ Both Parents _____ Mother Only _____ Father Only _____ Other
If "Other", please specify relationship: _____

Father's Information

Last Name First Name Middle Initial
Address _____
Street Address City Zip Code
Home Phone _____ Work _____ Cell _____
Best way to reach you during class time _____ E-Mail Address _____
Father's Religion _____ Member of _____
Parish

Mother's Information

Last Name First Name Middle Initial
Address _____
Street Address City Zip Code
Home Phone _____ Work _____ Cell _____
Best way to reach you during class time _____ E-Mail Address _____
Mother's Religion _____ Member of _____
Parish
Family E-Mail address _____

STUDENT(S) REGISTERING

List student(s) grade for the coming school year (2010-2011). If this is the **FIRST TIME** you are registering a specific student, please supply a copy of that child's sacramental records to our office with this registration form (Baptismal, 1st Eucharist, 1st Reconciliation).

Full Name (First, Middle, Last)	Male or Female	Grade 2010-2011	Birthday	School Attending
1. _____	M or F	_____ \	_____ \	_____
2. _____	M or F	_____ \	_____ \	_____
3. _____	M or F	_____ \	_____ \	_____
4. _____	M or F	_____ \	_____ \	_____

Special Needs of Student(s)

Note: If a child has special learning/health/allergy conditions that we should know about, please specify. Help us to best serve your child(ren) by informing us of special needs.

Student's Name: _____

Special Needs: _____

Is there anything you would like us to know about your child or family that would help us better serve you?

Volunteer Sign-Up

Wednesday Afternoon Program

Wednesday Evening Program

_____ Catechist K-5 (Wed. 3:30-4:45)

_____ Catechist 6-10 (Wed. 7:00-8:15)

_____ Substitute Catechist (Wed. 3:30-4:45)

_____ Substitute Catechist (Wed. 7:00-8:15)

_____ Office Help (Wed. 3:30-4:45)

_____ Office Help (Wed. 6:45-8:15)

_____ Babysitter for Catechist's children
(Wednesday afternoon – 3:30-4:45)

_____ Gym Monitor (Wed. 6:30-7:00)

_____ Hall Monitor (Wed. 7:00-8:15)

_____ Confirmation Small Group Leader (Sun. 6:30-8:30) (About twice a month)

_____ Help with Confirmation Social

_____ Help with Senior Breakfast

Parish Members

Non Parish Members

(Has Formally Registered At Sacred Hearts Parish)

___ 1 student \$ 50.00

___ 1 students \$ 70.00

___ 2 students \$ 80.00

___ 2 students \$110.00

___ 3 students \$100.00

___ 3 Students \$140.00

___ 4 or more students \$120.00

___ 4 or more students \$160.00

I have read the fee schedule and checked the correct tuition fee for my family. I accept this financial responsibility for my child(ren)'s faith formation programs. I will honor the payment.

Make checks payable to Sacred Hearts and send to: Sacred Hearts Christian Formation Office
221 Columbus Street
Sun Prairie, Wisconsin 53590

Signature of Parent or Guardian: _____

If you prefer, you can register electronically by going to www.sacred-hearts.org. Click on Ministries, click on Christian Formation. Click on Register Electronically for the 2010-11 school year. Follow the directions. Any questions, please call the Christian Formation Office, 837-8509.