# Diocese of Trenton
## Sacred Heart Religious Education Program – Grades K-8
## STUDENT RE-REGISTRATION FORM

*Please print clearly or type all information below. Thank you.*

Name: _____
*Last* *First* *Middle*

Address: _____
*Street* *Town* *State* *Zip*

Cell or Home Phone: (_____) _____ Grade: _____
Grade entering in Sept.

Email addresses: _____

_____

If your child has any recent medical changes/concerns please explain: _____

_____

Are there any custodial issues? If yes, please explain on reverse side YES ☐ NO ☐

**Please indicate below the person/s to be contacted in the case of an emergency:**

A. Name: _____ Phone: (_____) _____

B. Name: _____ Phone: (_____) _____

C. Name: _____ Phone: (_____) _____

## Promotional Release

I also consent to the use of any videotapes and/or photographs in which my child may appear by the Diocese of Trenton and/or the parish. I understand that these materials are being used for promotion of the parish Religious Education programs and/or activities. YES ☐ NO ☐

**Parent/Legal Guardian signature:** _____

**Tuition amount:** **$45/per child** **Check #**_____ **Amount paid:** _____

**Please make the **check payable to Sacred Heart Church** and enclose with the completed form and mail to Sacred Heart Church, Religious Ed Dept., 343 South Broad St., Trenton, NJ 08608*

**If you have not submitted a **baptismal certificate** (other than Baptism from Sacred Heart) please attach.*