

*Religious Education Registration 2008 - 2009  
Sacred Heart Parish, Emsworth  
154 Orchard Avenue  
Pittsburgh, Pa. 15202  
412-761-3806  
Email: lgm1093@yahoo.com*

\_\_\_\_\_ **A. TRADITIONAL CCD**  
**Grades K – 8 Sunday Morning 8:45 – 10:15 AM**  
**(grade eight includes Confirmation Preparation Lessons)**

\_\_\_\_\_ **B. HOME SCHOOL Lessons at home. Periodic meetings with staff**

**Textbook Fee: \$15.00**

**Supply Fee: Checks made payable to “Sacred Heart CCD”**  
**\$30.00 PER CHILD (limit \$90.00 for Registered Active Parishioners (participates in time, talent and treasure as able).**  
**\$50.00 PER CHILD for Registered In-active Parishioners(Non participating).**  
**\$60.00 PER CHILD for Non-Parishioners.**

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**Please write legibly**

FULL NAME: (no nicknames please): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_, Family Email: \_\_\_\_\_

MALE\_\_\_\_ FEMALE\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

GRADE ENROLLING IN CCD \_\_\_\_\_

NAME OF PUBLIC SCHOOL CHILD WILL ATTEND IN 2008-09 \_\_\_\_\_

*Please check the sacraments your child has received.*

\_\_\_\_\_ BAPTISM: Date and Parish \_\_\_\_\_  
(if not baptized at Sacred Heart you MUST provide a copy of Baptismal Certificate prior to first class)

\_\_\_\_\_ FIRST COMMUNION: Date and Parish \_\_\_\_\_

**Please complete the back side of this form.**

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MOTHER'S (Maiden) NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE: \_\_\_\_\_ MOTHER'S RELIGION: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ FATHER'S RELIGION: \_\_\_\_\_

*If either parent is not Catholic and would be interested in receiving information on becoming Catholic please check here \_\_\_\_\_ or call the Religious Education Office.*

**SPECIAL HELP:**

MY CHILD (name) \_\_\_\_\_ MAY NEED SPECIAL HELP.

\_\_\_\_\_ HEARING LOSS \_\_\_\_\_ VISION PROBLEM \_\_\_\_\_ LEARNING DISABILITY

\_\_\_\_\_ EMOTIONAL PROBLEM \_\_\_\_\_ OTHER CONCERNS or EXPLANATIONS:

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To discuss your child's special needs call the office for an appointment.

**EMERGENCY CONTACT:**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

Relationship to child: \_\_\_\_\_