

**SACRED HEART PARISH, ANDERSON**  
**CATHOLIC FAITH FORMATION PROGRAM 2017-2018**

**PARENTS:**

Father: (first, last) \_\_\_\_\_ Religion \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Mother: (first, last) \_\_\_\_\_ Religion \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Mom's Cell: \_\_\_\_\_ Dad's Cell: \_\_\_\_\_

**STEPPARENTS: (If applicable)**

Stepfather: (first, last) \_\_\_\_\_ Religion \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Stepmother: (first, last) \_\_\_\_\_ Religion \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

**With whom do children live?** \_\_\_\_\_

Is your family registered in Sacred Heart Parish? Yes \_\_\_\_ No \_\_\_\_

If registered in another parish, which parish? \_\_\_\_\_

**NOTES:** \_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY INFORMATION:**

Name: \_\_\_\_\_ Relationship To Children \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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***Catholic Faith Formation Fee is \$30 per child***  
***(Due at time of registration unless discussed with coordinator)***

***Amount paid: \_\_\_\_\_ Date Paid: \_\_\_\_\_***

(Please make checks payable to Sacred Heart Parish)