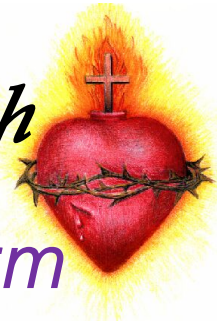




# Sacred Heart Catholic Church

920 Anaquitas Street, Mercedes, Texas

## 2012-13 CCE Registration Form



**FOR OFFICE USE ONLY**

Membership #: \_\_\_\_\_

Date of Registration: \_\_\_\_\_

Fee: \$10.00 Rcpt #: \_\_\_\_\_

Catechist(s): \_\_\_\_\_

Room #: \_\_\_\_\_

**Grade Level/Classification:**

- 1<sup>st</sup>     2<sup>nd</sup>     3<sup>rd</sup>     4<sup>th</sup>     5<sup>th</sup>     6<sup>th</sup>  
 7<sup>th</sup>     8<sup>th</sup>     9<sup>th</sup>     10<sup>th</sup>     11<sup>th</sup>     12<sup>th</sup>

- First Reconciliation (3<sup>rd</sup> grade)     First Communion (4<sup>th</sup> grade)     Pre Confirmation (10<sup>th</sup> grade)     Confirmation (11<sup>th</sup> grade)  
 RCIA – Children/Youth     RCIA-Adults     Candidate (First Communion)

### Student Information

Name: \_\_\_\_\_  
Last First Middle Initial

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Sex:  Male  Female  
MM DD YYYY

Contact Information: Mailing Address: \_\_\_\_\_  
City State Zip Code

### Phone Number(s)

Home: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Other: (\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

### Student Sacramental Information

- Baptism Church: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 First Communion Church: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Confirmation Church: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Medical Information/Conditions**

Does your child have any special needs/attentions?  Yes  No  
If "YES" please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child suffer from any form of allergies?  Yes  No  
If "YES" please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child take any form of medication?  Yes  No  
If "YES" please explain and list medications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have any disabilities?  Yes  No  
If "YES" please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Parent/Guardian Information**

Father's Name: \_\_\_\_\_  
Last First Middle Initial

Religion: \_\_\_\_\_

Mother's Name: \_\_\_\_\_  
Last (Maiden) First Middle Initial

Religion: \_\_\_\_\_

Contact Information: Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
City State Zip Code

**Phone Number(s)**

Home: (\_\_\_\_) \_\_\_\_\_

Cell: (\_\_\_\_) \_\_\_\_\_

Other: (\_\_\_\_) \_\_\_\_\_

E-Mail: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date