



# Sacred Heart Catholic Church

300 S. Davis Drive, Warner Robins, GA 31088 - Phone: (478) 923-0124

Religious Education (CCD), [ccd@sacredheartwr.com](mailto:ccd@sacredheartwr.com)

LAST NAME: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

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

\*\*\*We take pictures occasionally during Church activities. We would like your permission to use these pictures on our website, social media and/or church publications. Your child will be reflected in a positive manner. Please sign your approval. Thank you.\_\_\_\_\_

Father's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Wk Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Wk Phone \_\_\_\_\_

Home Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Wk Phone \_\_\_\_\_

## Student's 1<sup>st</sup> Names (please print):

\_\_\_\_\_ Baptized? yes\_\_\_ no\_\_\_ 1st Reconciliation? yes\_\_\_ no\_\_\_ 1<sup>st</sup> Communion? yes\_\_\_ no\_\_\_  
Previous Religious Education: Yes No Grade in School\_\_\_\_\_ CCD grade attended\_\_\_\_\_ CCD class (leave blank)\_\_\_\_\_

\_\_\_\_\_ Baptized? yes\_\_\_ no\_\_\_ 1st Reconciliation? yes\_\_\_ no\_\_\_ 1<sup>st</sup> Communion? yes\_\_\_ no\_\_\_  
Previous Religious Education: Yes No Grade in School\_\_\_\_\_ CCD grade attended\_\_\_\_\_ CCD class (leave blank)\_\_\_\_\_

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Previous Religious Education: Yes No Grade in School\_\_\_\_\_ CCD grade attended\_\_\_\_\_ CCD class (leave blank)\_\_\_\_\_

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Previous Religious Education: Yes No Grade in School\_\_\_\_\_ CCD grade attended\_\_\_\_\_ CCD class (leave blank)\_\_\_\_\_

If your child is preparing for 1<sup>st</sup> Reconciliation and 1<sup>st</sup> Holy Communion, we need a copy of their baptismal certificate, unless they received at Sacred Heart. If your child is preparing for Confirmation, we need a copy of their baptismal, and 1<sup>st</sup> Holy Communion certificates, unless they received their sacraments at Sacred Heart. Please bring a copy of the certificate(s) to the CCD office or the DRE's Church Office at your earliest convenience. Thank you.

Does the child have a situation that would have an effect on CCD attendance (please explain) \_\_\_\_\_

Registered member at Sacred Heart? Yes No Which Mass do you attend? \_\_\_\_\_

Does your child(ren) have any special needs? Explain \_\_\_\_\_

### Tuition:

\$30/1 child

\$55/2 children

\$75/3 children

\$100/4 children or higher per family

### Can you volunteer as a Catechist?

Teacher \_\_\_\_\_

Aide \_\_\_\_\_

Sub \_\_\_\_\_

Are you VIRTUS trained? \_\_\_\_\_

Make check out to SACRED HEART CHURCH

+++++  
Office Use Only: Amount Pd. \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_ Balance Due \_\_\_\_\_