Sacred Heart Parish
Religious Education Registration 2024-2025
3400 S Adams Rd, Auburn Hills, MI 48326

Family Information

Family Name _____
Home Phone _____
Address _____
City/St/Zip _____
School District / Private School _____

E-mail address _____
(E-Mail will be used for all communication & in the event of class cancellation)

If you would like a secondary form of communication (text or social media), provide the information required here (Type or form and address)

_____

Father's Full Name _____ Religion _____
Mother's Full Name _____ Religion _____
Stepparent (if applicable) _____
Primary Phone Contact (name of person, Type (home or cell), number

_____
Secondary Phone Contact (name of person, Type (home or cell), number

_____

Marital Status: ☐ Married ☐ Divorced ☐ Separated ☐ Widowed ☐ Single

Child resides With: ☐ Both Parents ☐ Father ☐ Mother ☐ Stepmother ☐ Stepfather

Child's First Name (Include last name if different from above)	Gender	Grade Sept 2025	Birth Date	List needed Sacraments or Prep for this Year 2nd Gr .Reconciliation, Eucharist 7th Gr. Confirmation Prep Retreat 8th Gr. Confirmation Retreat & Meetings

Sacred Heart Parish

Religious Education Registration 2025 – 2026

3400 S. Adams Rd., Auburn Hills, MI 48326

Tuition Information

Are you a currently registered family at Sacred Heart?

_____ *Yes, if yes envelope number*_____

_____*No, if no Parish Name*_____

*Or I wish to register at Sacred Heart*_____

- *Tuition is reduced by $50 for parishioner who support the parish*

Are you currently participation in a ministry at Sacred Heart?

(Ushers, Lectors, Extra-ordinary Eucharistic Minister, Choir, Gardening Angels, SVDP, KOC, Cleaning Angels, Nursing Home or Homebound Ministry, Adult or Religious Eduacation, Christian Service)

_____*Yes, if yes what activity and when do you participate*_____

_____*No*

- *Tuition is reduced by an additional $50 for parishioner who participates in a ministry*

Faith Formation Offerings Beginning: Monday, September 22, 2025

- ***Monday, 1:00 pm-200 pm – Catechesis of the Good Shepherd – Ages 3-5***
- ***Monday, 6:00 pm-7:30 pm – Grades 1 to 8***

Registered Parishioners Tuition for Grades 1-8 for the 2025 – 2026 School Year

Early Registration	*After September 16, 2025*
$150 One Child	*$200 One Child*
$200 Two Children	*$250 Two Children*
$250 Three or more Children	*$300 Three or more Children*

Sacamental Preparation and Retreat Fees

$35 - 2nd Grade Reconciliation & First Eucharist Program

$50 7th Grade Confirmation Retreat

$75 8th Grade Confirmation Retreat and Meetings

Registration Fee (Grade 1-8)	_____
Sacrament Prep (Gr 2)	+ _____
Retreat Fee (Grade 7 & 8)	+ _____
Tuition Deductions	- _____
Donation	+ _____
Total	= _____
Initial Payment	- _____
Remaining Balance	= _____

I have received, read and will abide by the Sacred Heart Religious Education Policies and Procedures_____

(Please sign here)

A copy of your child's Baptismal Certificate is required for all Sacramental Preparation

Take one for each child you register.

MEDICAL TREATMENT RELEASE FORM

To Whom It May Concern:

As parent/guardian, I do hereby authorize the treatment of a qualified and licensed physician of any condition which, in the opinion of the physician, is deemed necessary and appropriate. This authority is granted only after a reasonable effort has been made to reach me.

Name of Minor:_____ Relationship to you: _____

Reason for which release is intended: _____

Address of Minor:_____ City: _____

Emergency Phone(s): _____

Family Physician:_____ Phone: _____

Physician Address:_____ City: _____

List allergies, medication, contract, or other pertinent comments:

_____

_____

Health Insurance Data:

Company:_____ Policy: _____

Group:_____ Contract: _____

I further authorize the person who presents the minor to sign the Acknowledgment of Receipt of Notice Privacy Rights that may be presented by the physician or health care facility.

This authorization is completed and signed of my own free will with the sole purpose of authorizing medical treatment deemed necessary and appropriate by the treating physician. I acknowledge that it is my responsibility to submit a new form if any of the above information changes.

Date:_____ Signed: _____
(Parent or Guardian)

HAPS-May 2017

Sacred Heart Religious Education

VOLUNTEER SHEET

Our Religious Education Program is run strictly on a volunteer basis, therefore, it is important for every member of the Parish Community to volunteer at some time and help in an area of the program that would suit their time, talents and interests. Listed below are the areas in which volunteers are needed in order for our program to run in an effective manner. Please indicate your areas of interest by placing a check in the space provided.

____**CATECHIST** – Teaches classes Mondays from September 23, 2024 through May 5, 2025.

Attends grade level planning sessions and training sessions. No formal experience is needed-only the desire to share your faith with our young people.

Please indicate grade preference:_____

___**CATECHIST AIDE** - Helps the Catechist during class sessions.

Please indicate grade preference:_____

___**SUBSTITUTE TEACHER** – Will be called on to fill in for a Catechist who is unable to attend a class session.

___**PRAYER PARTNER** – Will offer prayers for the Religious Education Program, Catechists, Students and Families once a week. Please indicate the day of the week and how you will pray:

__Rosary/Chaplet __Scripture Reading __Adoration __Charity Work __Other

PROVIDING FINANCIAL ASSISTANCE – Giving any monetary donation towards a scholarship fund for those that are in need of financial assistance for Religious Education.

____**OFFICE ASSISTANT** – Is available **15 minutes prior to and during class sessions**, answers the telephone taking messages. Assists with light clerical duties and audio- visual support. Clerical experience is **NOT** necessary.

____**HOSPITALITY** – Helps the Religious Ed department with events by ordering/picking up and helping to set up food and supplies.

Revised: May 1, 2024