



Most Pure Heart of Mary
Catholic Church

For Office Use:

Family Registration
Religious Education Program

Family's Last Name: _____ Home Phone: _____

Mailing Address: _____ City: _____ Zip: _____

Contact E-mail: _____

Father's Name: _____ Religion: _____
NO ABBREVIATIONS First Middle Last

Mother's Name: _____ Religion: _____
NO ABBREVIATIONS First Middle Last Maiden

Stepfather: _____ Religion: _____
First Middle Last

Stepmother: _____ Religion: _____
First Middle Last

Guardian: _____ Religion: _____
First Middle Last

Child resides with: _____

Please check one:

- ☐ Our family is registered with MPHM parish.
☐ Our family is NOT registered with MPHM parish. We are registered at: _____

Fee Payment: Parish Member: 1 student = \$40 2 students = \$80 3 or more = \$100
Non-Parish Member: 1 student = \$50 2 students = \$100 3 or more = \$120

*** Payment is required at the time of registration. Checks are payable to **Most Pure Heart of Mary**. ***

Children enrolling in Level 1 CGS need to be 3 years old by August 31, 2025.

May we use your child's picture for publicity? Yes No

Child's Full Name			D/O/B	Grade or CGS	Sex M/F	Baptism Yes/No	First Penance Yes/No	First Communion Yes/No
First	Middle	Last						

Sacramental Years (2nd and 8th Grade) - Please include a copy of each child's baptism certificate (if not baptized at MPHM).

Do any of the children who are enrolling have any disabilities or difficulties in learning? Yes No

If yes, please give the name of the child and how we may help? _____

MPHM Medical Information & Release Form

In the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical, dental diagnosis, or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed by or under the supervision of the medical staff of the hospital or facility furnishing medical or dental services.

I fully understand that students are to abide by all rules and regulations governing conduct and safety while attending the MPHM Religious Education Program and related activities. Any violation of these rules and regulations may result in that individual being sent home.

Signature of Parent/Guardian

Date

Address

Phone

Insurance Carrier

Policy Number

Hospital Preference

Child's Name: _____

Doctor's Name: _____ Phone: _____

*Please list any special medical information for your child (for example, any medications or special needs or education required).

List any allergies: _____

Child's Name: _____

Doctor's Name: _____ Phone: _____

*Please list any special medical information for your child (for example, any medications or special needs or education required).

List any allergies: _____

Child's Name: _____

Doctor's Name: _____ Phone: _____

*Please list any special medical information for your child (for example, any medications or special needs or education required).

List any allergies: _____

Child's Name: _____

Doctor's Name: _____ Phone: _____

*Please list any special medical information for your child (for example, any medications or special needs or education required).

List any allergies: _____



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Parental Pledge

Religious Education Program

I understand that I am the primary educator of my child(ren)'s faith. I further realize that the Religious Education Program cannot, in the time allowed, provide my child(ren) with all of the education and spiritual formation needed to fully live the life God intended.

With the help of Most Pure Heart of Mary Parish, more specifically the Religious Education Program, I vow to the best of my abilities, to live by the vows made at my child(ren)'s Baptism, to attend Mass regularly with my child(ren), to bring my child(ren) to class consistently and to be a spiritual example for my child(ren).

Father's Signature

Date

Mother's Signature

Date