Sacred Heart Catholic Church

1115 South 8th Avenue East
PO Box 1478
Newton, IA 50208-1478
641-792-2050

FAITH FORMATION REGISTRATION 2026 – 2027

Families must be registered with Sacred Heart Catholic Church. Please complete one form per student.

NAME _____ Grade _____
Last *First* *Middle*

Date of Birth _____/_____/_____ Place of Birth _____
City *State*

HOME ADDRESS: _____
Street *City* *State* *Zip*

HOME PHONE NUMBER: _____

Years of formal Faith Formation (Catholic School or Parish Faith Formation Program) _____

Mother's Full Name: _____ Religion _____ cell#_____

Mother's Address (if different from above):_____

Email address: _____
(This will be our primary way to communicate with you!)

Father's Full Name: _____ Religion _____ cell#_____

Father's Address (if different from above): _____

Email address: _____
(This will be our primary way to communicate with you!)

Child lives with: Both parents ☐ Mother ☐ Father ☐ Legal Guardian ☐

Parents are: Married ☐ Divorced ☐ Separated ☐ Widowed ☐ Single☐

For Children in Shared Custodial Situation:
Do both parents have legal access to this child, custody agreement? _____ Explain briefly if custody is evenly shared or other arrangement: _____
If parents are divorced or separated a copy of the custody agreement pertaining to the faith formation of the child must be kept on file in the Faith Formation office.

Medical Information

Child's Name: _____ Parent/Guardian: _____

Allergies: _____ Chronic or Acute Illnesses: _____

Medication(s) presently being taken: _____

Special Needs: _____ Other facts we should know: _____

Physician's Name_____

Does your child have a medical condition that limits him/her in participating in any of the activities at the Faith Formation Program?

YES _____ NO _____

Explain_____

EMERGENCY MEDICAL INFORMATION AND TREATMENT AUTHORIZATION

I authorize Sacred Heart's Faith Formation Adults to administer these non-prescription medications when deemed necessary:

(Please check) ☐ Tylenol ☐ Advil ☐ Antacids ☐ Cough Drops ☐ Bug Spray ☐ Sunscreen

I hereby release Sacred Heart and its designated representatives from any liability concerning the giving or non-giving of the above indicated non-prescription medication to my child(ren).

☐ Agree ☐ Decline

AUTHORIZATION TO PROVIDE MEDICAL SERVICES AND RELEASE

Parents/Guardians: By signing below you affirm that you have read the following information and policies and authorize Sacred Heart Catholic Church, if you can't be reached in an emergency, and if in the judgment of the Parish authorities immediate medical and/or hospital attention is required, to send your child, properly accompanied, to an available hospital or doctor, and do you authorize the treatment of your minor child by a qualified and licensed medical doctor in the event of a medical emergency when, in the opinion of the attending doctor, it may endanger his/her life, cause physical disability or undue discomfort if delayed? This consent is granted only after a reasonable effort has been made to reach you the parent(s)/guardians.

☐ Agree ☐ Decline

ACTIVITIES PERMISSION

The said minor(s) has/have my permission to attend Sacred Heart's sponsored activities that may or may not be located on Sacred Heart's property from this date through August 2027. I understand that children may walk or be transported by a vehicle.

☐ Agree ☐ Decline

AUTHORIZATION TO TAKE, RELEASE AND PUBLISH PHOTOGRAPHS

I authorize the staff of Sacred Heart Catholic Church to photograph, publish and post photographs of my child engaged in normal parish activities for the purpose of creating a pictorial history of the parish program as well as to inform parents and the parish of children's activities in newsletters, bulletins, the Gathering Space screen and other parish publications.

☐ Agree ☐ Decline

I acknowledge that all of the information provided is true and correct and will only be disclosed to the catechists, volunteers, or other adult supervisors when needed.

_____ _____

(Parent/Guardian signature) **(Date)**

Please consider being a volunteer with our program! (Please check all that apply!):

Catechist _____ Catechist Aide _____ Substitute Catechist _____ Aide to the Director _____

Helping with prayers and memory work _____ Chaperone for events or retreats _____

Set up and/or Clean-up for socials, retreats, events, etc. _____ Office help: Copying, filing, etc. _____

If you would like additional copies, please email newtonsacredheartdre@diodav.org and you will be sent an electronic version. Feel free to type in information, or fill out form, scan, and email back to above address.