IMMACULATE Heart of Mary PARISH | BUTLER COUNTY

2026-2027 Home Study Religious Education Program Registration

Intended for students who are being full time HOME SCHOOLED or have extenuating circumstance to deal with for this school year

Acceptance into program is contingent upon personal interview with CRE/Pastor

Immaculate Heart of Mary Family of Parishes: Sacred Heart Church & Saint Ann Church
Office of Faith Formation – 400 Nilles Road, Fairfield, OH 45014 – (513) 858-4210

Date of Registration: _____

Father _____ Religion _____ Work Phone_____ Cell _____
First name Last Name

Mother _____ Religion _____ Work Phone_____ Cell _____
First name Last Name

Mother's Maiden Name _____ Legal Guardian: _____
(IF NOT PARENT)

Child(ren)'s Address _____ City/State _____

Home Phone_____ Parent Email _____

Grade Level 1-8

Under Sacraments Received check the box if the child has received **B**aptism, **F**irst **E**ucharist, **R**econciliation, **C**onfirmation. If your child requires First Eucharist, Reconciliation, or confirmation this school year, please pck up a Sacrament Schedule from us for important dates of parent meetings, etc. Schedule is also available online

Grade	Child's Legal Name	Gender	Birth date	B FE R C	Baptized At Sacred Heart? (Circle one)	Name/Branch of public school or write "homeschooled" in appl.
____	_____	F / M	_____	□ □ □ □	Yes No	_____
____	_____	F / M	_____	□ □ □ □	Yes No	_____
____	_____	F / M	_____	□ □ □ □	Yes No	_____
____	_____	F / M	_____	□ □ □ □	Yes No	_____
____	_____	F / M	_____	□ □ □ □	Yes No	_____

Did your child(ren) attend REP classes at Sacred Heart last year? _____

If not, were they enrolled in a Catholic program elsewhere? _____

If so, where? _____

Please explain your reason for requesting home schooling for your child's religious education this year:

_____
_____
_____
_____

Registration Fees are due at the time of registration

Home instruction Outsourced Materials Fee
Intended for parents who are full time homeschooling their children
Fees are based on current textbooks used. If a different textbook series is agreed upon, fees change accordingly

TUITION IS AS FOLLOWS:

Administrative Fee	$10 per child	x_____ = $_____
Text book fee	$25 per child	x_____ = $_____
Teacher guide (optional)	$35 per grade	x_____ = $_____

Total due: $_____

Please sign below:

_____
(parent/guardian signature)

MAKE CHECK PAYABLE TO: Sacred Heart Church and note that it is for REP homeschool Program at bottom of check. Please remit **FULL PAYMENT WITH FORM**, to Sacred Heart Office of Faith Formation, or drop in Sunday collection basket in envelope marked ATTENTION: Kelly Denney, Office of Faith Formation.

OFFICE USE ONLY

_____

_____

_____

_____

_____

_____

_____

Received book(s) – Date _____

PDS ID# _____

Name: _____

Total amount waived:

(adjusted) balance due:

DATE: _____

Amt Pd $_____

Check # _____

Cash: □ Receipt given: □

Balance due: _____

Posted on: _____

Batch # _____

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

DATE: _____

Amt Pd $_____

Check # _____

Cash: □ Receipt given: □

Balance due: _____

Posted on: _____

Batch # _____

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

DATE: _____

Amt Pd $_____

Check # _____

Cash: □ Receipt given: □

Balance due: _____

Posted on: _____

Batch # _____