2026-2027 Religious Education Program (REP) FAMILY registration

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: _____ Registration Deadline August 16, 2026

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 _____

Parish Church at which you are a registered member:

□ St. Ann □ Sacred Heart □ Other

If Other: Church Name _____ City/State _____

REP – Grades 1-8: Enroll student in same grade as in public school for this year unless instructed differently

Grade 1-8 (in public school)	Child's Legal name	Gender (circle one)	Birth Date	GCCYS sports student will be playing this year
_____	_____	M / F	_____	_____
_____	_____	M / F	_____	_____
_____	_____	M / F	_____	_____
_____	_____	M / F	_____	_____

Did your child(ren) attend REP or Day School Classes at St. Ann or Sacred Heart last year? _____

If not, were they enrolled in a Catholic Program elsewhere? _____ **If not, why not?**

If so, where? _____ (proof of attendance is required)

In the event of an Emergency, please contact (only if parents are not available)

Name: _____ Relationship: _____

Home phone: _____ Cell phone:_____

SACRAMENTS RECEIVED BY REP (Grades 1-6) STUDENT

Under Sacraments Received check the box if child has received **B**aptism, **F**irst Eucharist, **R**econciliation, and/or **C**onfirmation. Before First Grade, child should be Baptized; Second Graders receive Reconciliation & First Eucharist; Seventh Graders receive Confirmation. A child must have been enrolled in Catholic program year BEFORE sacrament year.

GRADE	Child's First & Last NAME	Sacraments Received B FE R C	Baptized (Circle one)	Name of Church or faith baptized in:
_____	____	□ □ □ □	Yes No	____________________________
_____	____	□ □ □ □	Yes No	____________________________
_____	____	□ □ □ □	Yes No	____________________________
_____	____	□ □ □ □	Yes No	____________________________

SACRAMENT EXCEPTION

The following information is to clarify the standing of a child who has received a sacrament earlier, or was/is being delayed in receiving a sacrament now.
The time frame is based on the order as normally practiced for that sacrament by our parish.

1. Child's Name:_________________________(Sacrament/s delayed/not received:_________________________

Reason:____

OR

Sacrament(s)
Received early:____ Date Received:________________________

Church where Sacrament was received:____

Address if other than Sacred Heart: ____
(Complete Street address) (City) (State) (Zip)

Reason Sacrament received early____

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2. Child's Name:_________________________(Sacrament/s delayed/not received:_________________________

Reason:____

OR

Sacrament(s)
Received early:____ Date Received:________________________

Church where Sacrament was received:____

Address if other than Sacred Heart: ____
(Complete Street address) (City) (State) (Zip)

Reason Sacrament received early____
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2022-2023 MEDICAL INFORMATION — COMPLETED BY PARENT OR LEGAL GUARDIAN — PLEASE PRINT

PLEASE FILL OUT **ONE MEDICAL INFO FORM PER CHILD** –

FOR MORE THAN ONE CHILD USE ADDITIONAL MEDICAL INFO FORM – ONE CHILD PER SIDE

Child's Name____ Birth date ___ /___ /______

Child's Soc.Sec.No.* ____

Allergies ____

Medications ____

Chronic Conditions (e.g. epilepsy, diabetes) ____

Family Doctor ____ Phone No. _________________

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Medical Insurance Co ___________________________. Policy No. ______________________________

Policy Holder's Name ____

Phone No. (h)___________________________ (w)_______________________ (c)_____________________

Birth date ____ / ____ / ______ Soc.Sec.No.* ___________________________________

* Social Security Number is optional. Please note that some hospitals WILL NOT treat without it. You may use your driver's license number in place of SS number but it may not be accepted by medical institution for treatment to take place.
(See Activity Information form)

SPECIAL MEDICAL INSTRUCTIONS &/OR INFORMATION PERTAINING TO THIS CHILD, write below:
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Interested in helping with the REP/CCD program? **YES** **NO**

I have a high school student who needs service hours and is willing to help in the office or classroom on Monday nights.

YES **NO**

Registration Fees are due at the time of registration.

Financial considerations are available. Please fill out

Fee Waiver/Adjustment form and submit with this registration form.

Catechists & Helpers receive tuition discount. Please fill out ***Fee Waiver/Adjustment*** form and submit with this registration form.

TUITION IS AS FOLLOWS:

1 Child	**$40**
2 Children	**$60**
3 Children	**$70**
Each additional	**$5**

Tuition Fee: $_____

Previous Unpaid Fees: $_____

ALL previous balances due must be paid in full at time of registration.

See Kathy Middendorf if you have any questions or concerns.

TOTAL DUE: $_____

Please sign below:

_____

(parent/guardian signature)

MAKE CHECK PAYABLE TO: Sacred Heart Church and note that it is for REP tuition 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

_____

_____

_____

_____

_____

OFFICE USE ONLY

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 # _____

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DATE: _____

Amt Pd $_____

Check # _____

Cash: □ Receipt given: □

Balance due: _____

Posted on: _____

Batch # _____