



**Sacred Heart Supplemental  
 Classes Registration  
 2018-2019**  
  
**Sacred Heart  
 Murdock, MN**

**Child Information**

Child's Last Name	First Name	M/F	Birth Date	Age	Grade	Severe Allergies, Medical Conditions, Special Needs

**Family Information**

Mother's Name:		Father's Name:	
Home Phone #:		Home Phone #:	
Work/Cell Phone:		Work/ Cell Phone:	
E-mail:		E-mail:	
Street:	City:	Zip Code:	
Child Lives With:		Address if different:	

**Parent Involvement & Registration Signature**

Class will be held on nights when classes are not held in Benson.

In case of emergency where I cannot be reached, I hereby authorize volunteer teachers to administer necessary first aid or to seek emergency medical attention for my child.

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**Signature of Parent/Guardian** **Date**

Who is authorized to pick up my children? \_\_\_\_\_

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**St. Isidore the Farmer Area Faith Community**  
**508 13<sup>th</sup> St. N**  
**Benson, MN 56215**  
  
**(320) 842-4271 Church Office**  
**(320) 894-7302 Gina Kelly-Wilts**  
**(320) 220-7242 Stacy Johnson**