

Family Catechesis Program / 2024-2025

One form per child

Registration Fee \$100 per family

Child's Name		Date of Birth
Address		
Phone	Cell Yes or No	Alternate Phone #
Grade of Student in Fall		School
Mother's Name	Mother's Emai	il
Father's Name	Father's Email	
Mother's Mobile# Father's Mobile		e#
Are you registered parishioners with Sacred Heart C Registration with and Mass attendance at Sacred He		
Which Sacrament(s) has your child received? Please	e note the date, cl	nurch name, city/state.
Baptism		
Reconciliation		
Holy Eucharist		
Confirmation		
The Diocese of Charleston requests two years of co. years of catechism is required.	ntinuous cateche.	sis in order to receive a Sacrament. Verification of two
Is your child planning to receive Sacrament(s) this y	ear or next? If so,	which one(s)?
Please note any information you feel would be bene	eficial for us to kn	ow about your child or family.
Please return form to the namich office on in a light	on booket an arra	il it to Angel Prince, at aprince@charlestondiocese.org.
riease return form to the parish office or in collecti	on basket or ema	if it to Aliger Frince, at aprince@charlestondiocese.org.

Feel free to email or call the office with questions.