

**SACRED HEART SCHOOL
MANNA PROGRAM REGISTRATION FORM
2007-2008**

FAMILY ID# _____ (Office use only)

PARENT(S) LAST NAME _____

PARENT(S) FIRST NAME(S) _____

ADDRESS _____

CITY _____ ZIP _____

HOME PHONE # _____ BUSINESS PHONE# _____

YOUNGEST CHILD'S NAME _____ GRADE _____

*All information is confidential and for Sacred Heart's Manna Program use only.

ALL WHO REGISTER MUST COMPLETE THIS SECTION

() I authorize the release of my gift certificates to the child listed above. I will not hold Sacred Heart School responsible for any lost or misplaced certificates.

() I DO NOT authorize the release of my certificates to the child listed above. I will be responsible for picking up my order from the school office during office hours. Any other special arrangements should be made with the Manna program coordinator.

Parent's Signature _____ Date _____