

**St. John the Baptist Parish, Seymour WI**

**Faith Formation Registration Form 2018-2019**

FAMILY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE NO: \_\_\_\_\_

FATHER/GUARDIAN'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ZIP: \_\_\_\_\_

Religion: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

MOTHER/GUARDIAN'S MAIDEN NAME: \_\_\_\_\_  
(MAIDEN NAME) (FIRST)

ADDRESS: \_\_\_\_\_ ZIP: \_\_\_\_\_

Religion: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

INFORMATION SHOULD BE SENT TO: Father Mother Both Other: \_\_\_\_\_

\*Email address to be used for newsletters, reminders, class cancellations/updates **(required)**:

\_\_\_\_\_

Child's full name	Male or Female	Grade	Date of Birth	Baptism Date & Place if not St John's	First Eucharist Yes/No	

School(s) your child(ren) attend: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

If emergency treatment is required, and the parents/guardians cannot be reached immediately, your signature in the space provided below empowers parish authorities to exercise their own judgment to transport your child to a hospital emergency room. This is a general authorization and is not sufficient for the release of confidential information protected by Federal Law.

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Do/does your child(ren) have any learning, physical or developmental challenges? If so, please list specific information about those special needs.

Name(s): \_\_\_\_\_

Nature of disability: \_\_\_\_\_

Name of any children who have allergies AND type of allergy:

Name: \_\_\_\_\_ Type: \_\_\_\_\_

Name of any children who are on medication AND type of medication:

Name: \_\_\_\_\_ Type: \_\_\_\_\_

Media Release: Do we have your permission to take your child/children's picture during the year for display in the hallway, bulletin, website, etc. of different activities that they are involved in? \_\_\_\_ Yes \_\_\_\_ No

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**Please check the area(s) your family would like to VOLUNTEER in to help the Faith Formation Program (tuition for children of catechists is waived):**

- \_\_\_\_\_ Catechist
- \_\_\_\_\_ Classroom Aide (Grade preferred: \_\_\_\_\_ )
- \_\_\_\_\_ Substitute Catechist
- \_\_\_\_\_ Hall Monitor (collect attendance charts and supervise hallways during class)
- \_\_\_\_\_ General Volunteer on Wednesday nights (help w/ art projects, etc.)

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**ST. JOHN THE BAPTIST FAITH FORMATION TUITION PAYMENT PLAN**

**Fees:** One Student - \$45.00      Two Students - \$90.00      Three (or more) students - \$125.00

\*\*\*2<sup>nd</sup> Grade students will be charged an additional \$10.00 sacrament fee\*\*\*

\*\*\*Homeschooled students will be charged \$65/student (in parish) or \$150/student (out of parish)\*\*\*

Please make your check or money order payable to **St. John Parish**. Tuition payments may be made in several ways. Please indicate your choice below.

\_\_\_\_\_ Full Tuition payment due at registration      \$ \_\_\_\_\_

\_\_\_\_\_ Monthly payments of:      \$ \_\_\_\_\_

\_\_\_\_\_ First Half Tuition payment due at registration      \$ \_\_\_\_\_

**\*\*\*Second Half Tuition Payment due February 1, 2019\*\*\***

If any of these fees create a financial burden, please contact the RE Office at 833-2122. Payment plans and tuition assistance are available. No one shall be denied a Catholic Christian Education based solely on his/her ability to pay tuition. **All children must be registered PRIOR to attending classes. Thank you!**

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_