

St. John's Religious Education Registration Form
New Student

Please Print Clearly

For Office Use Only:

Date Received: _____

Amount: _____

Cash or Check #: _____

Student Name:

First

Middle

Last

Gender: M F

Date of Birth:

Grade:

Father's Name:

Religion:

First

M.I.

Last

Mother's Name:

Religion:

First

M.I.

Maiden Name

Address

Town/State/Zip

Father's Home Phone:

Cell #:

Work #:

Mother's Home Phone:

Cell#:

Work #:

Parent/Guardian Email address:

Student(s) reside with (please circle): both parents mother father other (please specify)

Does your child have any special needs, medical problems, allergies? Yes No

Please explain:

Are you currently registered in the parish (this must be done through parish office)? Yes No

If NO, please contact the parish secretary (762-0946) to complete a Parish Registration form.

ALL students and their families MUST be registered.

Has your child attended **Religious Education** classes before? Yes No

List where your child attended **Religious Education** and the last grade attended:

Please list the Church and date that the following took place *

Baptism: _____ **Date:** _____

First Communion: _____ **Date:** _____

First Penance: _____ **Date:** _____

**Certificates for Baptism and/or First Communion must accompany this form if these Sacraments were not received at St. John.*

Class Times

Grade K - 5:
Sunday (9:00 - 10:15)

Grade 6 - 7:
Tuesday (6:00 - 7:15)

Grade 8:
Wednesday (6:00 - 7:30)

Would you be interested in teaching/assisting in Religious Education this year? Yes No

If YES, which Grade/Session: _____

Registration Fee (K, 1, 3 - 7): \$55 per child (\$110 if not registered with parish)

Registration Fee Grades 2 and 8 (Sacramental years): \$80 per child/ (\$160 if not registered with parish)

\$150 maximum per family (\$300 if not registered with parish)

Continued →

**ST. JOHN THE EVANGLIST PARISH PROGRAM
OF RELIGIOUS EDUCATION**

FAMILY PHOTO-ELECTRONIC MEDIA RELEASE

I hereby give permission for my son(s)/daughter(s) (please list all children)

_____ to be photographed or videotaped at or by the St. John the Evangelist Parish Program of Religious Education.

I understand that any photo may be published in the newspaper, a magazine, the parish website, or other publication. Videos may be used for informational or educational purposes regarding the programs or curriculum at St. John the Evangelist Religious Education.

Parent Name (please print) _____

Parent Signature _____ Date _____

OR-----

I do **not** wish to have my son/daughter _____ photographed or videotaped at or by the St. John the Evangelist Parish Program of Religious Education.

Parent Name (please print) _____

Parent Signature _____ Date _____