

St. John's Religious Education Registration
Returning Student(s) – Family Form

For Office Use Only:

Date Received: _____

Amount: _____

Cash or Check #: _____

Please Print Clearly

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

Student Name: _____ Gender: M F

Date of Birth: _____ Grade: _____

Student Name: _____ Gender: M F

Date of Birth: _____ Grade: _____

Student Name: _____ Gender: M F

Date of Birth: _____ Grade: _____

Student Name: _____ Gender: M F

Date of Birth: _____ Grade: _____

Father's Name: _____ Religion: _____

First M.I. Last

Mother's Name: _____ Religion: _____

First M.I. * Maiden Name*

Mailing Address

If address has changed, please check box -

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(ren) have any special learning needs, medical problems, or 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.

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 _____