

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: \_\_\_\_\_

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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 \_\_\_\_\_