## 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:			Level:			
Student Name:			Gender:	M	F	
Date of Birth:			Level:			
Student Name:			Gender:	M	F	
Date of Birth:			Level:			
Student Name:			Gender:	M	F	
Date of Birth:			Level:			
Father's Name:			Religion:			
First	M.I.	Last				
Mother's Name:			Religion:			
First	M.I.	Maiden Name				
Address			Town/Sta	te/Zin		
If address has changed, please check box -			100011111111111111111111111111111111111	сс, шр		
Father's Home Phone:	Cell #:		Work #:			
Mother's Home Phone:	Cell#:		Work #:			
Parent/Guardian Email Address:						
Student(s) reside(s) with (please circle): both parents mother father other (please specify)						
Does your child(ren) have any special learning needs, medical problems, or allergies? 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.						
Lovels V. 5.	To	vola ( 7.		T 0.510	J. O. O.	
Levels K - 5: Sunday (9:00 – 10:15)		evels 6 - 7: y (6:00 – 7:15)	Wed		els 8 - 9: y (6:00 - 7:15)	
Sullay (2.00 10.15)	Lucsua	y (0.00 7.10)	v v cu	iicoua,	, (0.00 /.10)	
Would you be interested in teaching/assisting in Religious Education this year? Yes No						
If YES, which Level/Session:						