

**St John The Baptist Parish**  
**Religious Education Registration**  
 O.S. 233 Church St, Winfield, IL 60190

Family Last Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Father's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Mother's Name: \_\_\_\_\_ Mom/Dad Work/Cell: \_\_\_\_\_  
 Mother's Maiden: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_  
 Custodial Parent, if different from above: \_\_\_\_\_ Email: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 Both Parents Catholic? Y \_\_\_ N \_\_\_

Child	Birthdate	Sex	Grade	Session	Room	Class
Sacrament and Date: Baptism <input type="checkbox"/> Catholic? <input type="checkbox"/> Eucharist <input type="checkbox"/> Penance <input type="checkbox"/> Confirmation <input type="checkbox"/> Special Needs: medical, learning disabilities, physical disabilities: _____						

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NOTE: If any of your children were baptized outside of this parish, and you have not already supplied us with a copy of each child's baptismal record, you will need to supply a copy for our files.

Tuition due: \$ \_\_\_\_\_ Tuition Pd: \$ \_\_\_\_\_ Signature: \_\_\_\_\_