ST. JOHN THE BAPTIST RELIGIOUS FORMATION PROGRAM

Family Registration Record 2019-20

Family Name:_____ Registered Parishioner: (YES NO)

Father:_____ Mother: _____
Last (if different) First Last (if different) First

Address:_____ Address:_____
street city zip (if different)

Phone: _____ Phone: _____
Primary – home work or cell (circle one) Primary - home work or cell (circle one)

Phone: _____ Phone: _____
Secondary – home work or cell (circle one) Secondary – home work or cell (circle one)

Main contact email: _____ Secondary email:_____
will be used as primary (non-emergency) communication

Is this your first year registering your child(ren) in our parish program? (YES or NO)

Children: (List oldest to youngest. Please include all children living at home.)

Name:_____ Birthday: _____ (MM / DD / YYYY) Grade:_____ (in school) Enrolling in SJB RF: Y or N (circle one)

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Name:_____ Birthday: _____ (MM / DD / YYYY) Grade:_____ (in school) Enrolling in SJB RF: Y or N (circle one)

Number of children enrolled in SJB RF for 2019-20: _____ @ $60 per student = Total Tuition: _____

Tuition fees payable prior to first class September 25th

If you will need financial assistance from the parish, please indicate your request below. All requests will be reviewed by the parish staff.

OFFICE USE ONLY – Payment(s) received:

Date	Amount Received	check / cash	Balance due