

ST. JOHN THE BAPTIST RELIGIOUS FORMATION PROGRAM

Student Registration Record

Student Name: _____ Birthday: _____
Last First Preferred MM / DD / YYYY

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

Phone: _____ Main contact email: _____
Primary: home work or cell (circle one) will be used as primary (non-emergency) communication

Emergency Contact: _____
Last First Relationship to student

Phone: _____ Phone: _____
Available to answer Wednesday evenings Secondary – home work or cell (circle one)

Sacramental Information: Please see the *Information on Sacraments* sheet for SJB policies and requirements.

Baptism Date: _____ Location: _____ Copy of Certificate on file at SJB RF: Y or N
MM / DD / YYYY Church, City, State & Zip office use only

1st Reconciliation: _____ Location: _____ OR: Intend to receive at SJB RF: _____
MM / DD / YYYY Church, City, State & Zip academic year YY-YY

1st Communion: _____ Location: _____ OR: Intend to receive at SJB RF: _____
MM / DD / YYYY Church, City, State & Zip academic year YY-YY

Confirmation: _____ Location: _____ OR: Intend to receive at SJB RF: _____
MM / DD / YYYY Church, City, State & Zip academic year YY-YY

SJB RF Course Track:

First Reconciliation/First Communion Prep: Ages 6-9 – Two-year sacramental prep program. Year 1 required to begin Year 2

Year 1: Registering _____ or Completed: ☐ Location: _____ Proficiency Verified by SJB RF: _____
Academic year YYYY-YY Church YYYY-YY office use only

Year 2: Registering _____ or Completed: ☐ Location: _____ Proficiency Verified by SJB RF: _____
Academic year YYYY-YY Church YYYY-YY office use only

REQUESTING 1ST RECONCILIATION ☐ AND/OR 1ST COMMUNION ☐

Salvation History / Old and New Testament: Ages 8-11 (rotational classroom previously 3rd/4th grade)

Year A OT: Registering _____ or Completed: ☐ Location: _____ Proficiency Verified by SJB RF: _____
Academic year YYYY-YY Church YYYY-YY office use only

Year B NT: Registering _____ or Completed: ☐ Location: _____ Proficiency Verified by SJB RF: _____
Academic year YYYY-YY Church YYYY-YY office use only

Faith Foundations: Ages 10-13 (rotational classroom previously 5th/6th grade)

Year A: Registering _____ or Completed: ☐ Location: _____ Proficiency Verified by SJB RF: _____
Academic year YYYY-YY Church YYYY-YY office use only

Year B: Registering _____ or Completed: ☐ Location: _____ Proficiency Verified by SJB RF: _____
Academic year YYYY-YY Church YYYY-YY office use only

Confirmation Prep: Ages 12-15 – Two-year sacramental prep program. Year 1 required to begin Year 2

Year 1: Registering _____ or Completed: ☐ Location: _____ Proficiency Verified by SJB RF: _____
Academic year YYYY-YY Church YYYY-YY office use only

Year 2: Registering _____ or Completed: ☐ Location: _____ Proficiency Verified by SJB RF: _____
Academic year YYYY-YY Church YYYY-YY office use only

REQUESTING CONFIRMATION ☐

Please specify if your child has any special learning needs (IEP): _____

(Note that, while we will do our best, we may be unable to accommodate all special education needs)

Please note if your child has any allergies specified on the medical form: _____