

ST. JOHN THE BAPTIST FAITH FORMATION 2020-2021

Please return your completed enrollment form by September 23rd to the Parish Office

Note: the office is open from 9 am - 4:30 pm M-F

FAMILY NAME: _____ Registered Parishioner: (YES / NO)
 FATHER: _____ MOTHER: _____
 ADDRESS: _____ CITY: _____ ZIP CODE: _____
 TELEPHONE: (PRIMARY) _____ (SECONDARY) _____
 EMAIL: (PRIMARY) _____ (SECONDARY) _____

Tuition: Grades 1 – 8 \$30.00 per child

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

<u>NAME</u> First / Middle	<u>GRADE</u> In school		<u>SACRAMENTS RECEIVED</u>				<u>TUITION</u>
			Baptism YES/NO	Reconciliation YES/NO	1 st Communion YES/NO	Confirmation YES/NO	
1) _____	_____	(check one)	/	/	/	/	\$30.00
2) _____	_____		/	/	/	/	\$30.00
3) _____	_____		/	/	/	/	\$30.00
4) _____	_____		/	/	/	/	\$30.00
5) _____	_____		/	/	/	/	\$30.00
TOTAL							\$ _____

SACRAMENTAL PREP: FIRST SACRAMENTS & CONFIRMATION

Children receiving sacramental prep must include a copy of their baptismal certificate with registration

Child(ren) seeking First Sacraments (Reconciliation and First Communion): _____

Child(ren) seeking Confirmation: _____

REQUEST FOR TIME PAYMENTS:

If you feel a need to spread the payments over a period of time, please indicate payment schedule below.

Number of payments Amount of payment Dates payments will be received

REQUEST FOR FINANCIAL ASSISTANCE:

If you will need financial assistance, please indicate the amount needed:

Signature: _____ Date: _____

Check Payable to: St. John the Baptist Catholic Church
 Memo: Faith Formation
 On Envelope – Attn: Caroline Wright

<u>OFFICE USE ONLY</u>		<u>PAYMENTS RECEIVED</u>	
DATE	AMOUNT RECEIVED	CHECK / CASH	BALANCE DUE
		/	
		/	
		/	

