

St. John the Baptist Catholic Parish
Religious Education Registration Form

Parents Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Text: Yes _____ No _____

E-mail Address: _____

Member of St. John's Parish Y or N

If not Please list your Parish: _____

NUMBER OF CHILDREN IN GRADES 1-10	FEES PER STUDENT	
	PARISHIONERS	NON-PARISHIONERS
1 CHILD	\$60.00	\$80.00
2 CHILDREN	\$110.00	\$150.00
3 OR MORE CHILDREN	\$150.00	\$210.00
11 TH GRADE CONFIRMATION STUDENT	\$40.00	\$40.00

Make checks payable to: St. John the Baptist Parish

GRADE SCHOOL

Student/s Name	Grade

HIGH SCHOOL

Student/s Name	Grade

*****Check Your Choice of Payment*****

___ One-time payment is included ___ Quarterly Payments Due: 9/17, 11/17, 2/18,4/18

OVER

All Classes Meet on Wednesdays from 6:30-7:45 Unless Notified of a Different Night.

Confirmation Students meet on Sunday Evenings from 7-8:15PM in the church dining hall

Specific Medical Information:

The school/parish will take reasonable care to see that the following information will be held in confidence.

- Allergic reactions (medications, food, plants, insects, etc.): _____
- Does your child have a medically prescribed diet? _____
- Any physical limitations? _____
- St. John's CCD program should be aware of these special medical conditions of my child: _____

You have my permission to use participants photos for commercial purposes (ex: advertising, on the web, etc)

Initials of Student _____ Date _____

Initials of Student _____ Date _____

Initials of Student _____ Date _____

Initials of Parent/Guardian: _____ Date _____

Please sign indicating that you have completed this form to the best of your knowledge.

Signature: _____ Date: _____