

St. John the Baptist Catholic Parish

Religious Education Registration Form

Dad's Name:	Mom's Name:
Address:	Address:
Home Phone:	Home Phone:
Cell Phone:	Cell Phones:
Email:	Email:
Name of Parish a member of:	Name of Parish a member of:

Step-Parent Name:	Step-Parent Name:
Address:	Address:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Email:	Email:
Name of Parish a member of:	Name of Parish a member of:

**Please include a copy of each child's baptismal certificate, if your child/ren have not been baptized at St. John the Baptist Parish.**

	FEES PER STUDENT	
NUMBER OF CHILDREN IN GRADES 1-10	PARISHIONERS	NON-PARISHIONERS
1 CHILD	\$60.00	\$80.00
2 CHILDREN	\$110.00	\$150.00
3 OR MORE CHILDREN	\$150.00	\$210.00
11 <sup>TH</sup> GRADE CONFIRMATION STUDENT	\$20.00	\$20.00
CHILD IN GRADES 3, 4, 5, OR 7	\$20.00 (1) \$40.00(2 OR MORE)	\$30.00(1) \$50.00 ( 2 OR MORE)

Make checks payable to: St. John the Baptist Parish

STUDENT INFORMATION

Student/s Name	Grade

OVER

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

\_\_\_\_\_ One-Time payment is included \_\_\_\_\_ Quarterly Payments Due: 9/19, 11/19, 2/19, 4/19

All classes meet on Wednesdays from 6:30-7:45 unless notified of a different night.

Confirmation students meet on Sunday Evenings from 7-8:15 pm in the parish offices.

Specific Medical Information:

The school/parish will take reasonable care to see 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 participant's photos for commercial purposes (ex: advertising, on the web, etc)

Initials of Student \_\_\_\_\_ Date \_\_\_\_\_

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: \_\_\_\_\_