

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 Phone:                 |
| 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.**

| NUMBER OF CHILDREN IN GRADES K-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 <sup>TH</sup> GRADE CONFIRMATION STUDENT | \$20.00          | \$20.00          |

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: 9/21, 11/21, 2/22, 4/22

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: \_\_\_\_\_