

**ST. JOHN THE BAPTIST CATHOLIC CHURCH
RELIGIOUS EDUCATION REGISTRATION FORM
(FAMILY MUST BE REGISTERED IN THE PARISH)**

Due Date: July 27th

Late Fee: \$10 per child after July 27th

FAMILY INFORMATION

FAMILY INFORMATION			
Family Last Name			
Full Mailing Address			
E-Mail Address			
Mother's Full Name			Maiden:
Mother's Phone Numbers	Home	Work	Cell
Father's Full Name			
Father's Phone Numbers	Home	Work	Cell
Emergency Contact Full Name			
Emergency Contact Phone Numbers	Home	Work	Cell
Language other than English Spoken at Home			

STUDENT INFORMATION

	Child 1	Child 2	Child 3	Child 4
Child's Full Name First & Last Names				
Child's Birthday				
Gender				
School Grade 09-10				
3 & 4 yr olds 8:30 Sunday Only				
4yr-12 th Grade Sunday/Wednesday				

SACRAMENTS

	Child 1	Child 2	Child 3	Child 4
Please check if completed				
Baptism				
First Communion				
First Reconciliation				
Confirmation				

STUDENT HEALTH AND NEEDS INFORMATION

Information listed below remains confidential and will only be used for purposes related to assisting the Catechist determined by the Director of Religious Education.

Child's Full Name First & Last	Child 1	Child 2	Child 3	Child 4
Chronic Health Conditions				
Medications Taken Regularly				
Food or Environmental Allergies				
Special Educational or Behavioral Needs (gifted, dyslexic, ADD, ADHD, Autistic)				

INSURANCE INFORMATION

Insurance Company	Identification Number
I hereby authorize the treatment, administration of anesthesia, and surgical treatment(s) for my minor child, in the event of a medical situation occurring in my absence or when the hospital or physicians are unable to contact me. This authorization extends to any hospital, physician(s), and nursing personnel within the physician's staff where the physicians render treatment.	
I release from medical responsibility and liability the hospital, physician(s) and nursing personnel for performing medical procedures and acting on the authority of this medical treatment consent from which such medical providers deem necessary for my child.	
Child 1 Full Name	Parent Signature:
Child 2 Full Name	Parent Signature:
Child 3 Full Name	Parent Signature:
Child 4 Full Name	Parent Signature:

REGISTRATION FEES

DUE JULY 27, 2009		LATE FEE: \$10 PER CHILD ASSESSED AFTER JULY 27th	
Tuition - \$30 per child	Tuition: \$30 X	# of Children	=
Sacramental Fee For First Communion and First Reconciliation	Sacramental Fee: \$20 X	# of Children	=
Sacramental Fee for Confirmation * (includes Retreat Fees)	Sacramental Fee: \$50 X	# of Children	=
Late Fee After July 27 th	Late Fee: \$10 X	# of Children	=
Make all Checks payable to : St. John's Religious Education		TOTAL AMOUNT DUE	=

* Candidates for Confirmation **must** be currently enrolled and participating in an ongoing religious education program, either through the St. John's RE Program or at John Paul II Catholic High School.