

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

*Yearly Religious Education Tuition: \$40.00 per child*

FAMILY INFORMATION			
Family Last Name			
Full Mailing Address			
E-Mail Address(es)			
Mother's Full Name			
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

STUDENT INFORMATION				
	Child 1	Child 2	Child 3	Child 4
Child's Full Name First & Last Names				
Child's Birthday				
Gender				
School Grade 2010-11 & School Attending				
3 & 4 yr olds 8:30 Sunday Only				
K-12 Grade Sun 10:00 4yr-12 <sup>th</sup> Grade Wed (specify which day)				

**CLASSES ARE OFFERED:**

***Sunday 8:30 - 3 & 4 Year Old Classes Only***

***Sunday 10:00-11:15 (Grades K-12) OR***

***Wednesday 5:15-6:30 (Ages 4 Year Old through 9<sup>th</sup> Grade)***

**SACRAMENTS**

Please check if completed	Child 1	Child 2	Child 3	Child 4
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
Health Conditions				
Medications Regularly				
Please Note Allergies (especially food)				
Special Educational or Behavioral Needs (gifted, dyslexic, ADD, ADHD, Autistic)				

**INSURANCE INFORMATION**

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:

## RE REGISTRATION TUITION & FEES

Standard RE Registration Tuition is \$40 per Child

Tuition - \$40 per child	Tuition: \$40 X	# of Children	=
Sacramental Fee First Communion <i>(Including First Reconciliation)</i>	Sacramental Fee: \$25 X	# of Children	=
Sacramental Fee for Confirmation (includes Retreat Fees)	Sacramental Fee: \$50 X	# of Children	=
<b><u>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.</u></b>			
Please make all checks payable to St. John's Religious Education		TOTAL AMOUNT DUE	=

Forms, tuition and fees may be returned to the Church office between 8:00am – 4:00pm Monday through Thursday, and 8:00am – 1:00pm on Fridays; or placed **in an envelope marked "Religious Education"** with your check and placed in the collection baskets at Mass. Please call us if you have any questions: 722-0130 (ext. 108 or 109)