

St. John the Baptist Religious Education Program
REGISTRATION FORM

***** TUITION / FEES FOR 2017 - 2018 *****

| | |
|-------------------------------|---------------|
| <i>One Child</i> | <i>\$100.</i> |
| <i>Two Children</i> | <i>\$150.</i> |
| <i>Three or more Children</i> | <i>\$200.</i> |
| <i>Sacramental Fee*</i> | <i>\$ 75.</i> |

****This fee applies to each child receiving First Communion or Confirmation in 2017.***

STUDENT INFORMATION

IT IS VERY IMPORTANT THAT EVERYTHING BE PRINTED CAREFULLY!!!

CHILD'S FULL NAME _____

SEX OF CHILD *Male* *Female*

COMPLETE ADDRESS _____

DATE OF BIRTH _____

PLACE OF BIRTH _____

COUNTRY OF BIRTH _____

NAME OF CHILD'S PUBLIC SCHOOL _____

CHILD'S GRADE IN PUBLIC SCHOOL AS OF SEPTEMBER 2017 _____

LAST GRADE COMPLETED IN RELIGIOUS EDUCATION _____

*NAME OF CHILD'S TEACHER IN RELIGIOUS EDUCATION FOR
2016-2017* _____

FAMILY INFORMATION

FATHER'S NAME AND CELL PHONE _____

FATHER'S RELIGION _____

MOTHER'S NAME AND CELL PHONE _____

MOTHER'S MAIDEN NAME _____

MOTHER'S RELIGION _____

FAMILY E-MAIL ADDRESS _____

*NAME(S) AND GRADE(S) OF OTHER CHILDREN IN OUR RELIGIOUS
EDUCATION PROGRAM* _____

*****FOR TRANSFER STUDENTS – Has your child received First Communion?**
 No *Yes* *If yes, please list name and address of Church and
and date received on back of this sheet.*

DOES YOUR CHILD HAVE ANY DIAGNOSED LEARNING DIFFICULTIES,
MEDICAL ISSUES ___ Yes ___ No (Explain on back of this sheet.)

DOES YOUR CHILD HAVE ALLERGIES WE SHOULD BE AWARE OF?
(List and explain on back of this sheet.)

ARE THERE CUSTODY ISSUES WE SHOULD BE AWARE OF?
___ No ___ Yes Please explain on back of this sheet.

EMERGENCY CONTACT INFORMATION

NAME OF CONTACT _____

RELATIONSHIP TO CHILD _____

PHONE NUMBER OF CONTACT _____

NAME OF CHILD'S DOCTOR _____

DOCTOR'S PHONE NUMBER _____

***** IMPORTANT *****

In case of illness or accident, I request the representative of St. John the Baptist Religious Education Program contact me at the numbers above. If I am unable to be reached, I hereby authorize this representative to call the emergency contact person and/or physician indicated and follow the physician's instructions to the best of their ability. If it is not possible to contact this physician at the number above, the representative of St. John the Baptist Religious Education Program may make whatever arrangements seem necessary. I agree to assume the financial responsibility for any diagnosis, treatment and/or medication deemed necessary.

PARENT'S SIGNATURE _____

DATE OF SIGNATURE _____

PLEASE NOTE, CHILDREN ARE EXPECTED TO ATTEND MASS EVERY SUNDAY AND HOLY DAY. THE WHOLE FAMILY IS EXPECTED TO ATTEND OUR MANDATORY FAMILY MASSES. ALSO, CHILDREN MISSING 6 OR MORE CLASSES DURING THE YEAR WILL BE REQUIRED TO REPEAT THE GRADE.

PARENTS ARE NEEDED TO HELP OUT IN VARIOUS WAYS FROM TIME TO TIME. ARE YOU WILLING TO PARTICIPATE?
YES _____ NO _____

HOW CAN YOU HELP? _____
