

**St. John the Baptist Religious Education Program**  
**REGISTRATION FORM**

**\*\*\* TUITION / FEES FOR 2016-2017 \*\*\***

<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**

*Please print clearly.*

*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 SCHOOL AS OF SEPTEMBER 2016* \_\_\_\_\_

*LAST GRADE COMPLETED IN RELIGIOUS EDUCATION* \_\_\_\_\_

*NAME OF CHILD'S TEACHER IN RELIGIOUS EDUCATION FOR  
2015-2016* \_\_\_\_\_

*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.*

**FAMILY INFORMATION**

*Please Print Clearly.*

FATHER'S NAME \_\_\_\_\_  
MOTHER'S NAME \_\_\_\_\_  
MOTHER'S MAIDEN NAME \_\_\_\_\_  
RELIGION OF FATHER \_\_\_\_\_ RELIGION OF MOTHER \_\_\_\_\_

**CONTACT INFORMATION**

**NOTE:** It is very important that this be printed clearly.

FATHER'S CELL PHONE \_\_\_\_\_  
MOTHER'S CELL PHONE \_\_\_\_\_  
HOME PHONE \_\_\_\_\_  
FAMILY E-MAIL ADDRESS \_\_\_\_\_

**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 MONTHLY FAMILY MASS. ALSO, CHILDREN MISSING 6 OR MORE CLASSES DURING THE YEAR WILL BE REQUIRED TO REPEAT THE GRADE.**