

For Office Use:
 Date: _____
 Registered By: _____
 Comp. _____ Finance: _____

St. John's Religious Education Registration 2018 - 2019

Family ID#



PLEASE PRINT Legibly

Family Last Name

<p>Parent/Guardian Information (Head of Household)</p>	<p>Last Name: _____ First: _____ Relationship to Student: _____ Date of Birth: _____</p> <p>Marital Status: <input type="checkbox"/> Married, Catholic Church <input type="checkbox"/> Married, Civil <input type="checkbox"/> Residing Together (Currently) <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Separated</p> <p>Religion: <input type="checkbox"/> Catholic <input type="checkbox"/> Non-Catholic <input type="checkbox"/> Other: _____ Which Church are you Registered? _____</p>																		
<p>Parent/Guardian Information (Spouse Information)</p>	<p>Last Name: _____ First: _____ Relationship to Student: _____ Date of Birth: _____</p> <p>Marital Status: <input type="checkbox"/> Married, Catholic Church <input type="checkbox"/> Married, Civil <input type="checkbox"/> Residing Together (Currently) <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Separated</p> <p>Religion: <input type="checkbox"/> Catholic <input type="checkbox"/> Non-Catholic <input type="checkbox"/> Other: _____ Which Church are you Registered? _____</p>																		
<p>Family Info (Please make sure this information is always current.)</p>	<p>Street Addr: _____ City, State: _____ Zip Code: _____ EMAIL Address: _____ Phone Numbers: <input type="checkbox"/> Home _____ <input type="checkbox"/> Cell (Mom) _____ <input type="checkbox"/> Work (Mom) _____ <input type="checkbox"/> Home _____ <input type="checkbox"/> Cell (Dad) _____ <input type="checkbox"/> Work (Dad) _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____</p> <p>Mailing Address (if different): Addr: _____ City, State: _____ Zip: _____</p>																		
<p>Registration Fees (OFFICE USE ONLY)</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> \$ 65.00 per Student X _____ = \$ _____</td> <td style="text-align: right;">(\$75.00 after 9/26/18)</td> <td style="width: 50px;"></td> </tr> <tr> <td><input type="checkbox"/> \$ 10 Late Reg. Fee X _____ = \$ _____</td> <td></td> <td style="text-align: right;">+</td> </tr> <tr> <td><input type="checkbox"/> \$ 20 Book Fee per Student X _____ = \$ _____</td> <td></td> <td style="text-align: right;">+</td> </tr> <tr> <td><input type="checkbox"/> \$ _____ Administrative Fee</td> <td></td> <td style="text-align: right;">+</td> </tr> <tr> <td><input type="checkbox"/> \$ _____ Previous Year Balance</td> <td></td> <td style="text-align: right;">+</td> </tr> <tr> <td colspan="2" style="text-align: right;">Total Due:</td> <td style="text-align: right;">\$ _____</td> </tr> </table>	<input type="checkbox"/> \$ 65.00 per Student X _____ = \$ _____	(\$75.00 after 9/26/18)		<input type="checkbox"/> \$ 10 Late Reg. Fee X _____ = \$ _____		+	<input type="checkbox"/> \$ 20 Book Fee per Student X _____ = \$ _____		+	<input type="checkbox"/> \$ _____ Administrative Fee		+	<input type="checkbox"/> \$ _____ Previous Year Balance		+	Total Due:		\$ _____
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Total Due:		\$ _____																	

Please fill out the blank areas in white & sign and initial at the bottom.

Student Detail (OFFICE USE ONLY) <input type="checkbox"/> PRC <input type="checkbox"/> Update Session: Mon Tues Wed Level: RM#: _____	Child's Name _____ Birth Date _____ Gender <input type="checkbox"/> Male <input type="checkbox"/> Female Grade _____ School _____ Who does the child primarily live with? _____ Attended CCD classes in another parish? <input type="checkbox"/> YES <input type="checkbox"/> NO Certificate of Completion has been provided? Y / N _____ Does the child have any Learning/ Medical/ Physical Disabilities? <input type="checkbox"/> YES (Add to ER) <input type="checkbox"/> NO Sacrament & Date: Baptism Catholic? _____ Eucharist? _____ Penance? _____ Confirmation? _____
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I have read and received the Contractual Agreement and will take full responsibility for making sure that my son/daughter **attends Mass weekly** and **Catechism classes regularly**. I have received a Calendar and my child's class assignment. If my child is receiving his/her Sacraments this year, I have read and understood the Requirements needed in preparing for the Sacrament. Initial _____

I agree to sign my child in/out of class as directed. Should I fail to meet these and any of the Contractual Agreement terms, my child's classes will be postponed and fees will still need to be paid in full if still owed **before April 1st**. Initial _____

I have also received copies of the Code of Conduct and Guidelines. I thereby give my consent to St. John the Evangelist in providing the education and the promotion of a safe environment for my child(ren) . Initial _____

I also give my consent to release my child's work or picture on church publications in order to promote the program in the larger community until it is revoked by a written notification. Initial _____

*I agree to pay all fees as noted to ensure my child's class placement and am aware that any unpaid fees will result in the retention of all official documents until paid in full. I am aware that late charges may apply. **There are no refunds.*** Initial _____

X _____
 Signature of Parent/Guardian

 Date