

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

St. John's Religious Education Registration 2019 - 2020

Family ID#



PLEASE PRINT Legibly

Family Last Name (of children)

<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 9/25/19)</td> <td style="width: 50px;"></td> <td style="width: 50px;"></td> </tr> <tr> <td><input type="checkbox"/> \$ 10 Late Reg. Fee X _____ = \$ _____</td> <td></td> <td style="text-align: center;">+</td> <td style="width: 50px;"></td> </tr> <tr> <td><input type="checkbox"/> \$ 25 Book Fee per Student X _____ = \$ _____</td> <td></td> <td style="text-align: center;">+</td> <td style="width: 50px;"></td> </tr> <tr> <td><input type="checkbox"/> \$ _____ Administrative Fee</td> <td></td> <td style="text-align: center;">+</td> <td style="width: 50px;"></td> </tr> <tr> <td><input type="checkbox"/> \$ _____ Previous Year Balance</td> <td></td> <td style="text-align: center;">+</td> <td style="width: 50px;"></td> </tr> <tr> <td colspan="3" 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 9/25/19)			<input type="checkbox"/> \$ 10 Late Reg. Fee X _____ = \$ _____		+		<input type="checkbox"/> \$ 25 Book Fee per Student X _____ = \$ _____		+		<input type="checkbox"/> \$ _____ Administrative Fee		+		<input type="checkbox"/> \$ _____ Previous Year Balance		+		Total Due:			\$ _____
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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 & received the Contractual Agreement and agree to it and will take full responsibility for making sure that my son/daughter

- **Attends Mass weekly and Catechism classes regularly** per Calendar. If my child is receiving his/her Sacraments this year, I have read and understood the Requirements needed in preparing for the Sacrament.
- **I agree to sign my child in/out of class as directed.**
- 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) .
- I also give my consent to release my child's work or have his/her picture taken and placed in church publications or website (without the release of personal information) to promote the program in the larger community until it is revoked by a written notification.
- Late payment fees are added **April 1st** to any unpaid registration fees.
- **There are no refunds.**

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.

X _____

Signature of Parent/Guardian

Date _____