

For Office Use:  
 Date: \_\_\_\_\_  
 Registered By: \_\_\_\_\_  
 Comp. \_\_\_\_\_ Finance: \_\_\_\_\_

# St. John's Religious Education Registration 2022 - 2023

Family ID#  
 \_\_\_\_\_



**PLEASE PRINT Legibly**

## FAMILY LN

<b>Parent/Guardian Information</b> (Head of Household)	Last Name: _____ First: _____ Relationship to Student: _____ Date of Birth: _____ <b>Marital Status:</b> <input type="checkbox"/> Married, Catholic Church <input type="checkbox"/> Married, Civil <input type="checkbox"/> Residing Together, not married (Currently) <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Separated Are you interested in receiving any sacraments? <input type="checkbox"/> Yes <input type="checkbox"/> No Religion: <input type="checkbox"/> Catholic <input type="checkbox"/> Non-Catholic <input type="checkbox"/> Other: _____ Which Church are you Registered? _____																														
<b>Parent/Guardian Information</b> (Spouse Information)	Last Name: _____ First: _____ Relationship to Student: _____ Date of Birth: _____ <b>Marital Status:</b> <input type="checkbox"/> Married, Catholic Church <input type="checkbox"/> Married, Civil <input type="checkbox"/> Residing Together, not married (Currently) <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Separated Are you interested in receiving any sacraments? <input type="checkbox"/> Yes <input type="checkbox"/> No Religion: <input type="checkbox"/> Catholic <input type="checkbox"/> Non-Catholic <input type="checkbox"/> Other: _____ Which Church are you Registered? _____																														
<b>Family Info</b> (Please make sure this information is always current.)	Street Addr: _____ City, State: _____ Zip Code: _____ <b>EMAIL Address:</b> _____ <b>Phone Numbers:</b> <input type="checkbox"/> Cell (Mom) _____ <input type="checkbox"/> Work (Mom) _____ Ext. _____ <input type="checkbox"/> Cell (Dad) _____ <input type="checkbox"/> Work (Dad) _____ Ext. _____ <b>Mailing Address (if different than the residential address):</b> Addr: _____ City, State: _____ Zip: _____																														
<b>EMERGENCY CONTACT INFO</b>	Name _____ Cell _____ Relationship _____ Name _____ Cell _____ Relationship _____																														
<b>Registration Fees</b> (OFFICE USE ONLY)	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"><input type="checkbox"/> \$ 65.00 per Student X _____</td> <td style="width: 15%; text-align: center;">= \$ _____</td> <td style="width: 30%; text-align: center;">(\$75.00 after 9/18/2022)</td> <td style="width: 10%;"></td> <td style="width: 30%;"></td> </tr> <tr> <td><input type="checkbox"/> \$ 10 Late Reg. Fee X _____</td> <td style="text-align: center;">= \$ _____</td> <td></td> <td style="text-align: center;">+</td> <td></td> </tr> <tr> <td><input type="checkbox"/> \$ 30 Book Fee per Student X _____</td> <td style="text-align: center;">= \$ _____</td> <td></td> <td style="text-align: center;">+</td> <td></td> </tr> <tr> <td><input type="checkbox"/> \$ 35 Bapt Retreat/Materials Fee</td> <td></td> <td></td> <td style="text-align: center;">+</td> <td></td> </tr> <tr> <td><input type="checkbox"/> \$ _____ Previous Year Balance</td> <td></td> <td></td> <td style="text-align: center;">+</td> <td></td> </tr> <tr> <td colspan="4" style="text-align: right;"><b>Total Due:</b></td> <td style="text-align: center;">\$ _____</td> </tr> </table>	<input type="checkbox"/> \$ 65.00 per Student X _____	= \$ _____	(\$75.00 after 9/18/2022)			<input type="checkbox"/> \$ 10 Late Reg. Fee X _____	= \$ _____		+		<input type="checkbox"/> \$ 30 Book Fee per Student X _____	= \$ _____		+		<input type="checkbox"/> \$ 35 Bapt Retreat/Materials Fee			+		<input type="checkbox"/> \$ _____ Previous Year Balance			+		<b>Total Due:</b>				\$ _____
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