

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

St. John's Religious Education Registration 2023 - 2024

Family ID#



PLEASE PRINT Legibly

FAMILY LN

<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, not married (Currently) <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Separated</p> <p>Are you interested in receiving any sacraments? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Religion: <input type="checkbox"/> Catholic <input type="checkbox"/> Non-Catholic <input type="checkbox"/> Other: _____</p> <p>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, not married (Currently) <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Separated</p> <p>Are you interested in receiving any sacraments? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Religion: <input type="checkbox"/> Catholic <input type="checkbox"/> Non-Catholic <input type="checkbox"/> Other: _____</p> <p>Which Church are you Registered? _____</p>																																				
<p>Family Info (Please make sure this information is always current.)</p>	<p>Street Addr: _____</p> <p>City, State: _____ Zip Code: _____</p> <p>EMAIL Address: _____</p> <p>Phone Numbers:</p> <p><input type="checkbox"/> Cell (Mom) _____ <input type="checkbox"/> Work (Mom) _____ Ext. _____</p> <p><input type="checkbox"/> Cell (Dad) _____ <input type="checkbox"/> Work (Dad) _____ Ext. _____</p> <p>Mailing Address (if different than the residential address):</p> <p style="padding-left: 40px;">Addr: _____</p> <p style="padding-left: 40px;">City, State: _____ Zip: _____</p>																																				
<p>EMERGENCY CONTACT INFO</p>	<p>Name _____ Cell _____ Relationship _____</p> <p>Name _____ Cell _____ Relationship _____</p>																																				
<p>Registration Fees (OFFICE USE ONLY)</p>	<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%;">= \$ _____</td> <td style="width: 15%;">(\$75.00 after 9/17/2023)</td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> </tr> <tr> <td><input type="checkbox"/> \$ 10 Late Reg. Fee X _____</td> <td>= \$ _____</td> <td></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>= \$ _____</td> <td></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></td> <td style="text-align: center;">+</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> \$ _____ Previous Year Balance</td> <td></td> <td></td> <td></td> <td style="text-align: center;">+</td> <td>_____</td> </tr> <tr> <td colspan="5" style="text-align: right;">Total Due:</td> <td>\$ _____</td> </tr> </table>	<input type="checkbox"/> \$ 65.00 per Student X _____	= \$ _____	(\$75.00 after 9/17/2023)				<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				+	_____	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"/> Book <input type="checkbox"/> Attendance <input type="checkbox"/> FN <input type="checkbox"/> Email <input type="checkbox"/> Mass SID # _____ Session: _____ OCIT Tues Wed Level: _____ _____ RM#: _____	Child's Name _____ Birth Date _____ Gender <input type="checkbox"/> Male <input type="checkbox"/> Female Grade _____ School in 23-24 _____ Who does the child primarily live with? _____ in 23-24 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 on Sundays/Holy Days 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. Attend the required Parent Meetings and Faith Formation.
- **I agree to sign my child in/out of class as directed for my child's safety.**
- 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 Safe Environment (SE) for my child(ren). Copies of all forms are available online.
- 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.
- **There are no refunds.** Late payment fees are added **April 1st** to any unpaid registration fees.
- In the event that my child is in need of medical attention and the parents/guardian are unavailable, I authorize St. John the Evangelist to contact 9-1-1 for emergency services.

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