

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

St. John's Religious Education Registration 2024 - 2025

Family ID#



PLEASE PRINT Legibly

FAMILY LN

Parent/Guardian Information (Head of Household)	Last Name: _____ First: _____ Relationship to Student: _____ Date of Birth: _____ 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 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? _____																														
Parent/Guardian Information (Spouse Information)	Last Name: _____ First: _____ Relationship to Student: _____ Date of Birth: _____ 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 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? _____																														
Family Info (Please make sure this information is always current.)	Street Addr: _____ City, State: _____ Zip Code: _____ EMAIL Address: _____ Phone Numbers: <input type="checkbox"/> Cell (Mom) _____ <input type="checkbox"/> Work (Mom) _____ Ext. _____ <input type="checkbox"/> Cell (Dad) _____ <input type="checkbox"/> Work (Dad) _____ Ext. _____ Mailing Address (if different than the residential address): Addr: _____ City, State: _____ Zip: _____																														
EMERGENCY CONTACT INFO	Name _____ Cell _____ Relationship _____ Name _____ Cell _____ Relationship _____																														
Registration Fees (OFFICE USE ONLY)	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"><input type="checkbox"/> \$ 70.00 per Student X _____</td> <td style="width: 15%;">= \$ _____</td> <td style="width: 30%;">(\$80.00 after 9/16/2024)</td> <td style="width: 10%;"></td> <td style="width: 30%;"></td> </tr> <tr> <td><input type="checkbox"/> \$ 10 Late Reg. Fee X _____</td> <td>= \$ _____</td> <td>(added after 9/16/24)</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 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;">Total Due:</td> <td>\$ _____</td> </tr> </table>	<input type="checkbox"/> \$ 70.00 per Student X _____	= \$ _____	(\$80.00 after 9/16/2024)			<input type="checkbox"/> \$ 10 Late Reg. Fee X _____	= \$ _____	(added after 9/16/24)	+	_____	<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 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 24-25 _____ in 24-25 _____	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 received & read the Contractual Agreement and agree to it and will take full responsibility for making sure that my son/daughter:
- **Attends Mass every Sunday and Holy Days and Catechism classes regularly** per Calendar.
 - I will attend the required Parent Meetings and the monthly Faith Formation. 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 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