

**CHURCH OF ST. JOHN THE BAPTIST**  
**SCHOOL OF RELIGIOUS EDUCATION REGISTRATION FORM**  
**Classes: Sunday Mornings 8:45 - 9:50 a.m. Grades 1-10**

Last Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Street City State Zip Code

Father's Name: \_\_\_\_\_ Religion: \_\_\_\_\_ Occupation: \_\_\_\_\_ Phone#: \_\_\_\_\_ H Cell

Mother's Name: \_\_\_\_\_ Religion: \_\_\_\_\_ Occupation: \_\_\_\_\_ Phone#: \_\_\_\_\_ H Cell

Parish Registered In: \_\_\_\_\_ **E-mail** \_\_\_\_\_

In case of emergency notify: Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

**Religious Education Fee: \$50.00 per student for grades 1-10.**

**Sacraments Received (please check)**

	Student Name	Date of Birth	Sex	Grade	School Attending	Baptism	Eucharist	Confirmation
1								
2								
3								
4								
5								
6								

Do your students have any special health or learning disabilities that we should be aware of? Please list:

\_\_\_\_\_

Please sign up to help:

Teacher: \_\_\_\_\_ Aide: \_\_\_\_\_ Substitute: \_\_\_\_\_ Office Help: \_\_\_\_\_

For Office Use Only: Amount Due \$ \_\_\_\_\_ Paid \$ \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_