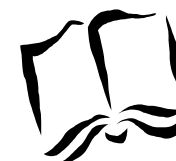




FAITH FORMATION REGISTRATION FORM

Church of St. John the Evangelist

(Grades 1-8 Wednesday evening classes, 6:00-7:00 p.m.)



I. FAMILY NAME _____ **HOME PHONE** _____ **E-MAIL** _____

Father's First Name _____ Religion _____ e-mail _____

Mother's First Name _____ Religion _____ e-mail _____

Address _____ Father's Work Phone _____ Occupation _____

City _____ State _____ Zip _____ Mother's Work Phone _____ Occupation _____

Newcomers to Faith Formation? Yes _____ No _____

Child(ren) live with (check one): Both parents _____ Father _____ Mother _____ Step Parent/Mother _____ Step Parent/Father _____

Who has authorization to pick up child(ren) other than PARENTS? Name _____ Phone _____

II. STUDENT NAME Last / First	GENDER m/f	BIRTHDATE	Age/Grade Sept. 1, Grades 1-8	SCHOOL TO ATTEND	RECEIVED:		
					Baptism	1 st Recon.	1 st Euch
_____	_____	_____	_____	_____	Y/N	Y/N	Y/N
_____	_____	_____	_____	_____	Y/N	Y/N	Y/N
_____	_____	_____	_____	_____	Y/N	Y/N	Y/N
_____	_____	_____	_____	_____	Y/N	Y/N	Y/N

***SPECIAL NEEDS: Does your child(ren) have any special needs? (hearing, speech, reading disability, A.D.D., other)

III. FEES Please check those that apply and enclose amount specified. **Make checks payable to: St. John Faith Formation**

_____ 1 Child = \$50

_____ 2 Children = \$80

_____ 3+ Children = \$110

\$_____ Enclosed

***Tuition assistance and payment schedules are available upon request. Tuition credit is given to anyone who teaches.

_____ St. John's has my permission to take photographs of my child that may be used on the website.

_____ **YES I AM INTERESTED IN THE WEDNESDAY EVENING BIBLE STUDY.**

_____ **PLEASE CONTACT ME WITH MORE INFORMATION.**

If you are a 1st year student: Please include a copy of your baptismal certificate with this registration form. Thank you!

OFFICE USE ONLY: Entered _____ Assigned _____ Pd/Waiver _____ Initials _____