

St. John the Baptist Church Religious Education  
Registration Form  
Grades K thru 8 ~ 2011-2012

Date: \_\_\_\_\_ Parish Registered at:  
\_\_\_\_\_

Parent/Guardian's Full  
Name: \_\_\_\_\_

Address: \_\_\_\_\_ City & Zip  
Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-mail:  
\_\_\_\_\_

Mom - Cell phone: \_\_\_\_\_ Business  
Phone: \_\_\_\_\_

Dad - Cell phone: \_\_\_\_\_ Business  
Phone: \_\_\_\_\_

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Child's Name: \_\_\_\_\_ Male or  
Female  
(Last) (First) (MI)

Birthdate: \_\_\_\_\_ Grade in 11/12 \_\_\_\_\_ School:  
\_\_\_\_\_

Church of Baptism \_\_\_\_\_ Date of  
Baptism \_\_\_\_\_

Church Address \_\_\_\_\_  
*(Unless your child was baptized at St. John's, a copy of the Baptismal Certificate **MUST** be included  
with registration)*

Mother's Maiden Name \_\_\_\_\_

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**Parent Listed Above:**

**Other Adult in Home:**

Relation to Child: \_\_\_\_\_ Sex: \_\_\_\_\_  
Child: \_\_\_\_\_ Sex: \_\_\_\_\_

Relation to

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Religion: \_\_\_\_\_

Religion: \_\_\_\_\_

Marital status: \_\_\_\_\_  
Status: \_\_\_\_\_

Marital

**Birth Parent not living with Child:**

Relationship to Child: \_\_\_\_\_

Full Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Religion: \_\_\_\_\_

(Over)

**My Child may need special help due to:**

\_\_\_\_\_ Hearing Loss

\_\_\_\_\_ Vision Problems

\_\_\_\_\_ Attention Deficit

\_\_\_\_\_ Learning Disability

\_\_\_\_\_ Emotional Problems

\_\_\_\_\_ Other

Suggestions/Explanations: \_\_\_\_\_

**Previous Religious Education: (If applicable)**

\_\_\_\_\_ Catholic School - Where \_\_\_\_\_ Grades  
completed \_\_\_\_\_ thru \_\_\_\_\_

\_\_\_\_\_ CCD - Where \_\_\_\_\_ Grades  
completed \_\_\_\_\_ thru \_\_\_\_\_

\_\_\_\_\_ Christian Initiation - Where \_\_\_\_\_ Year \_\_\_\_\_

**Additional Sacramental Information - Please fill this in completely**

Reconciliation \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_ Parish \_\_\_\_\_

Eucharist \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_ Parish \_\_\_\_\_

Confirmation \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_ Parish \_\_\_\_\_

**Emergency Information:**

If we are unable to reach a parent:

Contact Person: \_\_\_\_\_ Relation: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**Christian Formation Choices:**

Please make a 1<sup>st</sup> & 2<sup>nd</sup> choice of time - every effort is made to give you your first choice. Class sizes are limited. We will contact you if we cannot honor your first choice.

**K thru 7<sup>th</sup>:**

\_\_\_\_\_ Monday 5:00 until 6:15 pm

\_\_\_\_\_ Tuesday 4:30 until 5:45 pm

\_\_\_\_\_ Tuesday 6:30 until 7:45 pm

**8<sup>th</sup> Grade:**

\_\_\_\_\_ Monday 6:30 until 7:45

\_\_\_\_\_ Tuesday 6:30 until 7:45