



# Religious Education Program Registration 2017 - 2018

## St. John the Baptist Catholic Church— For Confirmation Only

8th  
Grade

OFFICE USE ONLY Received: \_\_\_/\_\_\_/\_\_\_ Entered: \_\_\_/\_\_\_/\_\_\_ Disposition: \_\_\_/\_\_\_/\_\_\_ Bapt. Cert.: \_\_\_/\_\_\_/\_\_\_

**STUDENT NAME:** \_\_\_\_\_ Male:  Female:  Date of Birth: \_\_\_/\_\_\_/\_\_\_  
Last First

City and State of Birth: \_\_\_\_\_ Name of Church where Baptized: \_\_\_\_\_

City/State of Church Where Baptized: \_\_\_\_\_ Date/Approximate Date of Child's Baptism: \_\_\_/\_\_\_/\_\_\_

Check sacraments ALREADY received:  Baptism  Penance  Communion

- My child is behind on the Sacraments; please contact me regarding Sacrament Catch-Up for my child.  
 My Child has special educational/medical needs including allergies . Explain (use back if necessary.)

Father: \_\_\_\_\_ Mother: \_\_\_\_\_ Maiden Name: \_\_\_\_\_  
Last First Last First

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

Phone: Home (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell (Mom) (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell (Dad) (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ZIP \_\_\_\_\_  
House Number and Street City State

Email: \_\_\_\_\_ Are you registered parishioners?  Yes  No

*Please list an Emergency Contact aside from the child's parents. In an emergency, we will always attempt to contact parents first.*

Name of Emergency Contact: \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work/Other: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

*Check all that apply in section 1 and 2 and write in GRADE LEVEL. Then check box 3 if you are registering to attend a class at Church.*

**1 General Education**  
**GRADE LEVEL:** \_\_\_\_\_

- Public school  
 Home School  
 Private/Catholic school  
 (specify school): \_\_\_\_\_

**2 Religious Education**  
**GRADE LEVEL:** \_\_\_\_\_

- Attending class at Church  
 Taught Religion at home by parent  
 Taught Rel. in Catholic School  
 I have attached a copy of my child's Baptismal Certificate.

**3 CHECK CLASS FOR WHICH YOU ARE REGISTERING** (if you will be attending a class at Church)

- Sunday  Tuesday  
 8th, Confirmation, 12-1 pm, (2nd Year Conf Prep) 8th, Confirmation 4:30-5:30 (2nd Year Conf Prep)  
 I am interested in the Special Needs program

**OFFICE USE ONLY:**

Confirmation entrance test taken ("7th Grade Test"). Date \_\_\_\_\_

Score: (Circle ) Pass - Fail

*There is a Registration fee requested for students attending R.E. classes at church and all students who will be receiving Confirmation this year. Make checks out to St. John's Church.*

**Registration Fees:** Registration fees are requested of all children who attend class at church.

- I have enclosed a registration fee of \$55 for my child which includes a confirmation fee of \$25.  
*No one is ever turned away . Please contact the Religious Education Department if fees are a hardship.*

*Dismissal—Children whose classes are in Fr. Ruehl Hall will be dismissed after class unless parents request otherwise. The R.E. office will be staffed until all children have been picked up.*

- My child's class is in Fr. Ruehl Hall and may be dismissed to walk home or wait on church property for their ride home.  
 I have a special dismissal request and have indicated that on the back of this form.

- I have received, read, understand and will abide by the **2017-2018 Parent Handbook**.  
 My child is registered for Confirmation class, I have attached a copy of his or her baptismal certificate.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_