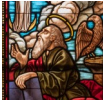


Last Name: \_\_\_\_\_

Envelope #: \_\_\_\_\_



## St. John the Evangelist Parish

### Religious Education Form

Tuition\*: \$55 per child or \$100 per family

Early registration (paid by May 1st): \$45 per child or \$90 per family

*\*Sacramental years (First Communion/Confirmation) add \$50*

Father: FName \_\_\_\_\_ M.I. \_\_\_\_\_ LName \_\_\_\_\_

Mother: FName \_\_\_\_\_ M.I. \_\_\_\_\_ LName \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Father: interested in teaching or substituting? \_\_\_\_ Interested in volunteering? \_\_\_\_

Mother: interested in teaching or substituting? \_\_\_\_ Interested in volunteering? \_\_\_\_

For communications:

Family Email: \_\_\_\_\_ Family cell: \_\_\_\_\_

Family Email: \_\_\_\_\_ Family cell: \_\_\_\_\_

\_\_\_ My child(ren) was baptized at St. John's.

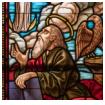
\_\_\_ My child(ren) received sacraments at other parishes. Certificate(s) from other parishes is attached to this form.

Parent signature: \_\_\_\_\_

\_\_\_ OPT OUT CLAUSE: I do NOT give permission for my child to be photographed.  
(If unchecked, SJE reserves the right to use children's photos for parish publicity).

**Sacraments must be received at your home parish  
unless written permission is given by the pastor.**

Students who attend Catholic Schools must receive the Sacraments of  
1st Holy Communion and Confirmation at their home parish.  
Please contact the Director of Religious Education for more information.



# St. John the Evangelist Parish

## Religious Education Form—Page 2

**Child 1:**  Male  Female | T-shirt size Youth: S M L / Adult: S M L

Registering for Grade: \_\_\_\_\_ FName: \_\_\_\_\_ LName: \_\_\_\_\_

Birth Date: \_\_\_\_\_ **Birth Place** (required): \_\_\_\_\_

Baptism Date: \_\_\_\_\_ Church/Location: \_\_\_\_\_

First Communion Date: \_\_\_\_\_ Church/Location: \_\_\_\_\_

Confirmation Date: \_\_\_\_\_ Church/Location: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_ Location: \_\_\_\_\_

Previous Religious Education Grade Completed/ Location: \_\_\_\_\_

Special Needs/Allergies \_\_\_\_\_

**Child 2:**  Male  Female | T-shirt size Youth: S M L / Adult: S M L

Registering for Grade: \_\_\_\_\_ FName: \_\_\_\_\_ LName: \_\_\_\_\_

Birth Date: \_\_\_\_\_ **Birth Place** (required): \_\_\_\_\_

Baptism Date: \_\_\_\_\_ Church/Location: \_\_\_\_\_

First Communion Date: \_\_\_\_\_ Church/Location: \_\_\_\_\_

Confirmation Date: \_\_\_\_\_ Church/Location: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_ Location: \_\_\_\_\_

Previous Religious Education Grade Completed/ Location: \_\_\_\_\_

Special Needs/Allergies \_\_\_\_\_

**Child 3:**  Male  Female | T-shirt size Youth: S M L / Adult: S M L

Registering for Grade: \_\_\_\_\_ FName: \_\_\_\_\_ LName: \_\_\_\_\_

Birth Date: \_\_\_\_\_ **Birth Place** (required): \_\_\_\_\_

Baptism Date: \_\_\_\_\_ Church/Location: \_\_\_\_\_

First Communion Date: \_\_\_\_\_ Church/Location: \_\_\_\_\_

Confirmation Date: \_\_\_\_\_ Church/Location: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_ Location: \_\_\_\_\_

Previous Religious Education Grade Completed/ Location: \_\_\_\_\_

Special Needs/Allergies \_\_\_\_\_

Emergency Contact 1: Name \_\_\_\_\_ Number: \_\_\_\_\_ Relation: \_\_\_\_\_

Emergency Contact 2: Name \_\_\_\_\_ Number: \_\_\_\_\_ Relation: \_\_\_\_\_

*for office use only* : Grade/Room assigned \_\_\_\_\_ Fee paid \_\_\_\_\_ / \_\_\_\_\_ Rel. Ed Coordinator \_\_\_\_\_ Census Entry \_\_\_\_\_