Parishioner of:	St. John's	Our Lady of the Lake
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Last Name: ______

Envelope #: _____

St. John the Evangelist Parish	Religious Education Form		
(Our Lady of the Lake parishioners shou Tuition*: \$55 per child or \$100 per family Early registration (paid by May 30th): \$45 per child *Sacramental years (First Communion/Confirmation) add	or \$90 per family Key St. John the Key St. Joh		
Father: FName M.I. LName Mother: FName M.I. LName			
Address: City Father: interested in teaching or substituting?			
Mother: interested in teaching or substituting?			
For communications:			
Family Email:	Family cell:		
Family Email:	Family cell:		
(if applicable): Landline 1:	Landline 2:		
My child(ren) was baptized at: <i>St. Jo</i>	hn's Our Lady of the Lake		
— My child(ren) received sacraments at other Certificate(s) from other parishes is attach	•		
Please indicate preferred Class time and loo	cation:		
Classes offered at St. John's	Classes offered at Our Lady of the Lake:		
□ Sundays, 9:00 am—10:15 am (PreK-7th Grades)	Sundays, 9:00 am—9:55 am (K-6th Grades)		
□ Sundays, 6:00 pm-7:30 pm (8th-9th Grades)	□ To Be Confirmed		
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.

	he Evangelist Pari ucation Form—Page 2	sh / Our	Lady of the Lake	
	e T-shirt size Youth: S M	L / Adult: S I	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 Femal	e T-shirt size Youth: S M	L / Adult: S I	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:	
	Grade Completed/ Location:			
Child 3: Male Femal	e T-shirt size Youth: S M	L / Adult: S I	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:	
	Grade Completed/ Location:			
Emergency Contact 1: Name _		_Number:	Relation:	
Emergency Contact 2: Name _		_Number:	Relation:	
for office use only : Grade/Roo	om assigned Fee paid		Rel. Ed Coordinator	Census Entry