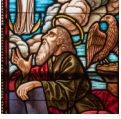


Last Name: \_\_\_\_\_

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



## St. John the Evangelist Parish Census Form

Head of Household I:  Male  Female | Maiden Name: \_\_\_\_\_ | Prefix:  Miss  Mrs.  Ms.  Mr.

FName: \_\_\_\_\_ MName: \_\_\_\_\_ LName: \_\_\_\_\_

Address (C, S, Z): \_\_\_\_\_

Email: \_\_\_\_\_ Cell: \_\_\_\_\_ Landline: \_\_\_\_\_

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

Previous Parish (Name/Location): \_\_\_\_\_

Wedding Date: \_\_\_\_\_ Church/Location: \_\_\_\_\_

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

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

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

Occupation: \_\_\_\_\_

Personal Status:  Marriage Catholic (recognize by Church)  Married Other  Single

Disability:  Blind  Mentally Handicapped  Hearing Impaired  Physically Disabled  Home bound  Other

Mass Attendance:  Frequent  Never  Occasionally  Sometimes

Head of Household II  Male  Female | Maiden Name: \_\_\_\_\_ | Prefix:  Miss  Mrs.  Ms.  Mr.

FName: \_\_\_\_\_ MName: \_\_\_\_\_ LName: \_\_\_\_\_

Address (if different than above): \_\_\_\_\_

Email: \_\_\_\_\_ Cell: \_\_\_\_\_ Landline: \_\_\_\_\_

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

Previous Parish (Name/Location): \_\_\_\_\_

Wedding Date: \_\_\_\_\_ Church/Location: \_\_\_\_\_

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

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

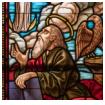
Confirmation Date: \_\_\_\_\_ Church/Location: \_\_\_\_\_

Occupation: \_\_\_\_\_

Personal Status:  Marriage Catholic (recognize by Church)  Married Other  Single

Disability:  Blind  Mentally Handicapped  Hearing Impaired  Physically Disabled  Home bound  Other

Mass Attendance:  Frequent  Never  Occasionally  Sometimes



**St. John the Evangelist Parish**  
HOUSEHOLD CHILDREN

**\_\_ 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).

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

**Parishioner of:** \_\_\_ **St. John's** \_\_\_ **Our Lady of the Lake**

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

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

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

Early registration (paid by May 30th): \$45 per child or \$90 per family

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

**Make check payable to:**  
 St. John the Evangelist Church

**Child:** \_\_ Male \_\_ Female | **Grade:** \_\_\_\_\_ | **T-shirt Size Youth:** S M L | **Adult:** S M L

FName: \_\_\_\_\_ MName: \_\_\_\_\_ LName: \_\_\_\_\_

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

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

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

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

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

Registering for Religious Education Grade: \_\_\_\_\_

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

**Child:** \_\_ Male \_\_ Female | **Grade:** \_\_\_\_\_ | **T-shirt Size Youth:** S M L | **Adult:** S M L

FName: \_\_\_\_\_ MName: \_\_\_\_\_ LName: \_\_\_\_\_

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

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

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

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

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

Registering for Religious Education Grade: \_\_\_\_\_

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

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 \_\_\_\_\_