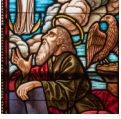


Last Name: _____

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 Widow

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: _____

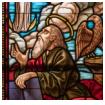
Confirmation Date: _____ Church/Location: _____

Occupation: _____

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

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 _____