

St. John the Evangelist Catholic Community

OFFICE OF LIFELONG FAITH FORMATION

2009 – 2010 Registration Form

(Please Print. This is to be completed; both front and back, by the custodial parent/guardian only.)

Date: _____

Registered with St. John the Evangelist Catholic Church: Yes / No

(Circle one) **NEW**

Registered Family Name: _____

RETURNING (Update corrections/changes only and sign)

PARENT OR GUARDIAN INFORMATION

Father's full name: _____

Mother's full name: _____
(Include maiden name in parenthesis)

Father's Religion: _____

Mother's Religion: _____

Marital Status: Married Single Widowed Divorce *(Circle one)*

Stepparent/Guardian's name: _____

Relationship to Child/Children: _____

Stepparent/Guardian's Religion: _____

Child/Children resides with _____

When sending mail, address to (choose one) *Mr. & Mrs. / Mr. / Mrs. / Miss / Ms. / Dr. & Mrs. / Mr. & Dr / Other* _____

Parent/Guardian Address: _____

(Street address, City, State, Zip)

Home Phone: _____ Cell Phone: _____ Work Phone: _____ Email: _____

Ministry/Volunteer Interests: Administrative Aid: ____, Catechist/Grade Level: ____, Catechist Aid/Grade Level ____,
Volunteer Appreciation Lunch ____, Chaperone Field trips for Youth Ministry (YM): ____, YM Team: ____,
Vacation Bible School: ____, Other: _____

Local Emergency Contact [other than home] Name: _____ Relationship to Child: _____

Home Phone: _____ Cell Phone: _____ Address _____

CUSTODIAL INFORMATION: Please complete **ONLY** if separated, divorced or a designated guardian. A copy of the legal agreement designating person [s] in charge of any decisions related to Faith development and health of the child must be presented to the parish Director of Religious Education (DRE)

The following person [s] have been given legal authority for raising the child in the Catholic faith:

Full Name: _____ Religion: _____

Relationship to Child/Children _____ Date of Guardianship: _____ to _____

Address, City, State, Zip _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____ Email: _____

Full Name: _____ Religion: _____

Relationship to Child/Children _____ Date of Guardianship: _____ to _____

Address, City, State, Zip _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____ Email: _____

SIGNATURES: (Information front and back of form is correct)

(Custodial parent/guardian) (Date) (DRE's Signature after viewing legal documents) (Date)

Office Use Only:

[Registration Fees by Oldest Student to Youngest] \$45 - 1st Student _____ (Write Grade Level)
\$30 - 2nd Student _____ (Write Grade Level)
\$25 - 3rd Student _____ (Write Grade Level)
\$0 - 4^{or more} Student _____ (Write Grade Level)

Sacramental Book Fee at \$12 each book: ___ Reconciliation, ___ First Eucharist, ___ Confirmation (enter number where applicable)

Confirmation Retreat: Fee collected at a later date

No. Registered: ____, **Total Due:** ____, **Paid:** ____, **Bal. Due:** ____, **Paid by: Check/Cash** Ck. # _____

Signature - Received by: _____ Entered on Data Base by: _____, Date: _____

Received Baptism Certificate: _____

Diocesan Information Received: P.O.C _____, I.P. _____

Registered Family Name: _____

STUDENT REGISTRATION DETAILED INFORMATION

Please present a Sealed Baptismal Certificate. A copy will be made and the original returned to you. If you do not have one, contact the Parish of Baptism and have them Fax a copy to us with attention to the Religious Education Dept.

Complete Registration Information in order of *eldest* child to youngest. Additional Student Reg. Forms available if needed.

Student's Full Name: (F,M,L) _____ (Nickname) _____, Age: _____, Sex: M / F (circle)

Birth Date: Mo. __, Day __, Yr. __, Birth Place: (City/State) _____

Ethnic Background: _____ Language: _____, Special needs, Allergies, Health Problems, etc., _____

Name of Public/Private School Attending: _____, Grade Level _____

Last Religious Ed. Class Attended: Year _____, Grade Level _____, Parish Name _____, City/State _____

Student is interested in the following Ministry [s]: 3rd grade and higher - Altar Server, Choir, Greeter, &/or Reader.
If 15yrs or older - Catechist Aid for Pre-K thru 6th and/or Peer Ministry, Vacation Bible School. (Circle all that apply)

Sacraments Received in CATHOLIC Church (Supply original certificate of Baptism. A copy will be made for parish records)

Baptism: Y / N Mo. __, Day __, Year __, Catholic Y / N __ Parish Name _____
Address/ City/State/Zip _____

Reconciliation: Y / N Mo. __, Day __, Year __, Parish Name _____
Address/ City/State/Zip _____

First Communion: Y / N Mo. __, Day __, Year __, Parish Name _____
Address/ City/State/Zip _____

Confirmation: Y / N Mo. __, Day __, Year __, Parish Name _____
Address/ City/State/Zip _____

Baptism Outside the Catholic Church: Y / N Mo. __, Day __, Year __, Church Name _____
Address/ City/State/Zip _____

*** If your child will be celebrating a Sacrament this year, circle what is applicable:**

Baptism Reconciliation First Eucharist Confirmation

Student's Full Name: (F,M,L) _____ (Nickname) _____, Age: _____, Sex: M / F (circle)

Birth Date: Mo. __, Day __, Yr. __, Birth Place: (City/State) _____

Ethnic Background: _____ Language: _____, Special needs, Allergies, Health Problems, etc., _____

Name of Public/Private School Attending: _____, Grade Level _____

Last Religious Ed. Class Attended: Year _____, Grade Level _____, Parish Name _____, City/State _____

Student is interested in the following Ministry [s]: 3rd grade and higher - Altar Server, Choir, Greeter, &/or Reader.
If 15yrs or older - Catechist Aid for Pre-K thru 6th and/or Peer Ministry, Vacation Bible School. (Circle all that apply)

Sacraments Received in CATHOLIC Church (Supply original certificate of Baptism. A copy will be made for parish records)

Baptism: Y / N Mo. __, Day __, Year __, Catholic Y / N __ Parish Name _____
Address/ City/State/Zip _____

Reconciliation: Y / N Mo. __, Day __, Year __, Parish Name _____
Address/ City/State/Zip _____

First Communion: Y / N Mo. __, Day __, Year __, Parish Name _____
Address/ City/State/Zip _____

Confirmation: Y / N Mo. __, Day __, Year __, Parish Name _____
Address/ City/State/Zip _____

Baptism Outside the Catholic Church: Y / N Mo. __, Day __, Year __, Church Name _____
Address/ City/State/Zip _____

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Baptism Reconciliation First Eucharist Confirmation