

*St. John the Evangelist Catholic Church*  
RELIGIOUS EDUCATION PROGRAM

**2016-2017 REGISTRATION**

**FAMILY CONTACT INFORMATION**

Mother/Guardian Name			Father/Guardian Name	
_____	_____	_____	_____	_____
First	Last	Maiden Name	First	Last
Home phone	Work phone	Mobile phone	email address	
_____	_____	_____	_____	_____
Address		City	State/Zip	
_____		_____	_____	

**EMERGENCY CONTACT** (Other than Parent/Legal Guardian)

Name \_\_\_\_\_ Relation \_\_\_\_\_ ( ) \_\_\_\_\_ Phone \_\_\_\_\_

Any info about child/children that would be good for us to know (educational limitations, health issues, etc )

\_\_\_\_\_

**STUDENT CONTACT INFORMATION**

ANY student preparing for the sacrament of Holy Eucharist or Confirmation must present his/her Baptismal Certificate by the first class .

<b>1. Student Name</b>			<b>2016-2017Grade</b>	<b>Age</b>
_____	_____	_____	(Pre-K, K-7, Confirmation, Special Sacrament)	_____
First	Middle	Last		
<b>School</b>	<b>DOB</b>	<b>City, State of Birth</b>	<b>Parish Registered In</b>	
_____	_____	_____	_____	
<b>Baptism</b>	_____	<b>Church</b>	_____	
	Date		Name -- Ciity, State Zip	
<b>Communion</b>	_____	<b>Church</b>	_____	
	Date		Name - City, State Zip	
Certificate Verification _____				
(Office Use Only)				