

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 .

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