

**St. John the Evangelist \ Religious Education Registration**

10201 Woodland Drive , Silver Spring, MD 20902

Term: 2022-2023

**Family Information**

Family Last Name \_\_\_\_\_ Date today: \_\_\_\_\_  
Father's Name \_\_\_\_\_ Father's Cell/Work \_\_\_\_\_  
Mother's Name \_\_\_\_\_ Mother's Cell/work \_\_\_\_\_  
Mother's Maiden name \_\_\_\_\_ Email address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Emergency Contact \_\_\_\_\_  
Home address \_\_\_\_\_ Emergency phone \_\_\_\_\_  
City, State \_\_\_\_\_ Both parents Catholic - Yes No

**Student #1**

Child Name \_\_\_\_\_ Catholic? Yes/No  
Gender: male female \_\_\_\_\_ Sacramental Details date/ church, city, state  
Birth date \_\_\_\_\_ Baptism \_\_\_\_\_  
Grade \_\_\_\_\_ Eucharist \_\_\_\_\_  
Age \_\_\_\_\_ Reconciliation \_\_\_\_\_  
Class \_\_\_\_\_ Confirmation \_\_\_\_\_

Special needs (Medical, Learning Disabilities, Physical Disabilities, for our awareness (Please list)

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**Student #2**

Child Name \_\_\_\_\_ Catholic? Yes/No  
Gender: male female \_\_\_\_\_ Sacramental Details date/ church, city, state  
Birth date \_\_\_\_\_ Baptism \_\_\_\_\_  
Grade \_\_\_\_\_ Eucharist \_\_\_\_\_  
Age \_\_\_\_\_ Reconciliation \_\_\_\_\_  
Class \_\_\_\_\_ Confirmation \_\_\_\_\_

Special needs (Medical, Learning Disabilities, Physical Disabilities, for our awareness (Please list)

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**Student #3**

Child Name \_\_\_\_\_ Catholic? Yes/No  
Gender: male female \_\_\_\_\_ Sacramental Details date/ church, city, state  
Birth date \_\_\_\_\_ Baptism \_\_\_\_\_  
Grade \_\_\_\_\_ Eucharist \_\_\_\_\_  
Age \_\_\_\_\_ Reconciliation \_\_\_\_\_  
Class \_\_\_\_\_ Confirmation \_\_\_\_\_

Special needs (Medical, Learning Disabilities, Physical Disabilities, for our awareness (Please list)

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**If your child has been baptized outside of St. John the Evangelist Parish, and you have not already supplied a copy of the child's baptismal record, Please supply one as soon as possible.**

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**Student #4**

Child Name \_\_\_\_\_ Catholic? Yes/No  
Gender: male female Sacramental Details date/ church, city, state  
Birth date \_\_\_\_\_ Baptism \_\_\_\_\_  
Grade \_\_\_\_\_ Eucharist \_\_\_\_\_  
Age \_\_\_\_\_ Reconciliation \_\_\_\_\_  
Class \_\_\_\_\_ Confirmation \_\_\_\_\_

Special needs (Medical, Learning Disabilities, Physical Disabilities, for our awareness (Please list)

**Student #5**

Child Name \_\_\_\_\_ Catholic? Yes/No  
Gender: male female Sacramental Details date/ church, city, state  
Birth date \_\_\_\_\_ Baptism \_\_\_\_\_  
Grade \_\_\_\_\_ Eucharist \_\_\_\_\_  
Age \_\_\_\_\_ Reconciliation \_\_\_\_\_  
Class \_\_\_\_\_ Confirmation \_\_\_\_\_

Special needs (Medical, Learning Disabilities, Physical Disabilities, for our awareness (Please list)

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**Student #6**

Child Name \_\_\_\_\_ Catholic? Yes/No  
Gender: male female Sacramental Details date/ church, city, state  
Birth date \_\_\_\_\_ Baptism \_\_\_\_\_  
Grade \_\_\_\_\_ Eucharist \_\_\_\_\_  
Age \_\_\_\_\_ Reconciliation \_\_\_\_\_  
Class \_\_\_\_\_ Confirmation \_\_\_\_\_

Special needs (Medical, Learning Disabilities, Physical Disabilities, for our awareness (Please list)

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**Fee Schedule for 2022-2023 School Year**  
(Payable in spring or September)

| # of Children in Family | Registration Fee |
|-------------------------|------------------|
| 1                       | \$150            |
| 2                       | \$175            |
| 3 or more Children      | \$200            |

Confirmation Fee - \$50  
First Communion Fee -\$35

**If your child has been baptized outside of St. John the Evangelist Parish, and you have not already supplied a copy of the child's baptismal record, PLEASE supply one as soon as possible.**