

PARENT/GUARDIAN INFORMATION

This information is used to update the Parish Records

Full Name _____	Full Name _____
Relationship: _____	Relationship: _____
Goes by/Nickname _____	Goes by/Nickname _____
Marital Status: M S D W	Marital Status: M S D W
Sacraments Celebrated: check those completed, list Date if known	Sacraments Celebrated: check those completed, list Date if known
Baptism _____ Reconciliation _____	Baptism _____ Reconciliation _____
Eucharist _____ Confirmation _____	Eucharist _____ Confirmation _____
Birth Date _____	Birth Date _____
Religion _____	Religion _____
Occupation _____	Occupation _____
Work Phone _____	Work Phone _____
Cell Phone _____	Cell Phone _____
Your Email _____	Your Email _____

Family Email (this is where we will send Program Info) _____

Mailing Address _____

City _____ State _____ Zip _____ Home Phone _____

We Are Registered Parishioners at: _____ St. John _____ Other (Name) _____

EMERGENCY CONTACT FOR FAMILY: In case of emergency, we will always attempt to reach the parent first. Please provide an emergency contact, in case we can not reach you.

Name _____ Phone _____

Relationship to Student _____

Program Fee of \$50.00 is due at the time of registration

**If you have questions please contact Erica May at 301-662-8288 ext. 1105
Erica.may@stjohn-frederick.org**

Please make your check payable to *St. John the Evangelist*. Return your check with this form to:

**St. John the Evangelist – Sacrament Preparation
112 E. Second St.
Frederick, MD 21701**