



2011-2012 PRE-K-5th GRADE FAITH FORMATION REGISTRATION

STUDENT INFORMATION & REGISTRATION

Student #1 _____ M ___ F ___
Last First Middle

Date of Birth ___/___/___ City and State of Birth _____
month day year

Special Needs: _____

School Attending – Fall 2011 _____ Grade/ Fall 2011 _____

Enroll Student for: _____ Sunday Morning (grades PK-5) _____ Monday Evening (grades 1-5)
_____ Home Study (grades K-5)

Check below if Sacraments Completed
_____ Baptism
_____ Reconciliation
_____ Eucharist

Check below if preparing for Sacraments this year
(Sacrament Registration Form Required)
_____ Reconciliation
_____ Eucharist

Student #2 _____ M ___ F ___
Last First Middle

Date of Birth ___/___/___ City and State of Birth _____
month day year

Special Needs: _____

School Attending – Fall 2011 _____ Grade/ Fall 2011 _____

Enroll Student for: _____ Sunday Morning (grades PK-5) _____ Monday Evening (grades 1-5)
_____ Home Study (grades K-5)

Check below if Sacraments Completed
_____ Baptism
_____ Reconciliation
_____ Eucharist

Check below if preparing for Sacraments this year
(Sacrament Registration Form Required)
_____ Reconciliation
_____ Eucharist

Family Life Program

I give permission for my child/ren to participate in the **Family Life Program** Yes _____ No _____

Parent/Guardian Signature _____ Date _____

PUBLICATION RELEASE

Parents/guardians of participants are advised that photographs or videotape of participants may be used in publications, websites or other materials produced from time to time by the Archdiocese of Baltimore or John the Evangelist Parish. (Participants would not be identified, however, without specific written consent.) Parents/guardians who do not wish their child(ren) to be photographed or filmed should notify the parish in writing. Please note that the parish has no control over the use of photographs or film taken by media that may be covering the event in which your child(ren) participate(s).

PARENT/GAURDIAN SIGNATURE _____ DATE _____

Over →

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 Faith Formation Info) _____

Mailing Address _____

City _____ State _____ Zip _____ Home Phone _____

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

Please fill in your name if interested in volunteering with:

_____ Pre-K-5th Grade Sun AM Catechist _____ Pre-K-5th Grade Sun AM Aide

_____ 1st – 5th Grade Monday PM Catechist _____ 1st – 5th Grade Monday PM Aide

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 _____

Tuition Rates: Based on the number of students in Elementary Faith Formation & Youth Ministry

\$75 one Student \$120 three Students

\$100 two Students \$140 four or more Students

***You may submit one check for Elementary Faith Formation & Youth Ministry**

For Elementary program or tuition questions, contact the secretary for Faith Formation & Youth Ministry at
301-662-8288 ext. 1105

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

**St. John the Evangelist – Faith Formation
112 E. Second St. – Frederick, MD 21701**

FOR OFFICE USE ONLY

PS Updated _____

\$ _____ SUN AM \$ _____ MON Elem \$ _____ Family Elem

\$ _____ Other _____

\$ _____ Total Paid Check # _____ Date _____ Cash _____