

**Religious Education Family Registration Form**

Last name \_\_\_\_\_ Parents' First names \_\_\_\_\_

Address \_\_\_\_\_

Phone number(s) \_\_\_\_\_

**Email address** \_\_\_\_\_

I email parents regularly. This is very important information if you have an email you check regularly. Please print clearly.

Fee \$25 per child/maximum \$75 per family amount paid \_\_\_\_\_  
(\$20 each if paid before August 18/max \$60)

I have read & agree to be governed by the RE handbook \_\_\_\_\_  
(Parent signature)

\_\_\_\_\_ check here if you would be interested in adult classes during RE time.

\_\_\_\_\_ check here if you are willing to be a substitute teacher.

**PLEASE Fill out the information below for all children grades 1-12. IF your child DID NOT attend RE at St John's last year, please attend the meeting on August 18 at 7 pm in the gym. Call 422-2196 for more information.**

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Child's name \_\_\_\_\_ current grade in school \_\_\_\_\_

Birth date \_\_\_\_\_ Where was child baptized? \_\_\_\_\_

Circle Sacraments child has received: **Reconciliation Communion Confirmation**

Allergies or medical conditions \_\_\_\_\_

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Child's name \_\_\_\_\_ current grade in school \_\_\_\_\_

Birth date \_\_\_\_\_ Where was child baptized? \_\_\_\_\_

Circle Sacraments child has received: **Reconciliation Communion Confirmation**

Allergies or medical conditions \_\_\_\_\_

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Child's name \_\_\_\_\_ current grade in school \_\_\_\_\_

Birth date \_\_\_\_\_ Where was child baptized? \_\_\_\_\_

Circle Sacraments child has received: **Reconciliation Communion Confirmation**

Allergies or medical conditions \_\_\_\_\_

\*\*\*\*\*For more than 3 children, please continue on the back of the page.

**\*\*If printing from the website, please make sure this prints on 1 page.**