



St. John the Baptist Catholic Community
2018-2019 FAITH FORMATION REGISTRATION

Growing in Faith Through Stewardship

FAMILY INFORMATION

Registered Member of St. John the Baptist Catholic Church? YES NO

Family Last Name _____

Parent/Guardian First Name _____

Address _____

E-Mail (print clearly) _____

Home Phone # () _____

Cell Phone # () _____

Work Phone # () _____ (Optional)

Emergency Phone # () _____

City _____

State _____

Zip _____

STUDENT INFORMATION	M/F	Birthdate	Grade in 2018-2019 (Pre-School thru 12 th)	Does your child have any special needs which we should be aware? (i.e. food allergies, medical conditions, special learning needs, etc)	Registration for Sacramental Preparation in 2018-2019		
					1st Recon.	1st Euch.	Confirmation
Full Name (include last name)							

FEES-A	Qty	Reg	Non-Reg	TOTAL	FEES-B	Qty	Reg	Non-Reg	TOTAL
Sunday Pre-school Co-Op 10:15		@\$35	@\$70		Life Teen		No Fee		
Sunday Kindergarten		@\$35	@\$70		Confirmation Year 1		@\$50		
Sunday Elementary (Grade 1-4)		@\$40	@\$80		Confirmation Year 2		@ \$50		
Wed Youth Group (Grade 5-8)		@\$40	@\$80		Home Program		@ \$40		
1 st Eucharist		@\$20			OFFICE USE ONLY TOTAL FEES DUE: \$ _____ Paid: Date: ___/___/___ <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ Amount \$ _____ Initials: _____ Balance DUE: \$ _____				
1 st Reconciliation		@\$20							
TOTAL STUDENTS:		TOTAL FEES* (FEES A + FEES B)							
*Maximum total fees for Parish Family not to exceed \$150 (does not include Confirmation Fees)					Called to protect trained? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Parent/Guardian Photo and Video Release

Yes, I consent for St. John the Baptist Catholic Church to use photographs and video taken of my child/children during Faith Formation/Youth Group/LifeTeen sponsored programs and events, whose name(s) appear in this registration, for community and promotional purposes.

Parent/Guardian Printed Name: _____ Parent/Guardian Signature: _____ Date: ___/___/___