**St. John the Baptist Catholic Community**

**2020-2021 FAITH FORMATION REGISTRATION**

*Growing in Faith Through Stewardship*

**FAMILY INFORMATION**  *Registered Member of St. John the Baptist Catholic Church?*  *YES*  *NO*

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Family Last Name Parent/Guardian First Name

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Address Home Phone # ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone # ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone # ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(Optional)*

City State Zip Emergency Phone # ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **STUDENT INFORMATION**  **Full Name (include last name)** | **M/F** | **Birthdate** | **Grade in 2020-2021**  (Pre-School thru 12th) | **Does your child have any special needs which we should be aware?**  **What device will be used for virtual learning?**  (i.e. food allergies, medical conditions,  special learning needs, etc) | **Registration for Needed Sacramental Preparation in 2020-2021**  1st Recon. 1st Euch. Confirmation |
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| **FEES-A** | **Qty** | **Reg Non- Reg** | **TOTAL** | **FEES-B** | **Qty** | **Reg Non-Reg** | **TOTAL** |
| Sunday Pre-school |  | @$20 @$40 |  | Life Teen |  | No Fee |  |
| Sunday Kindergarten |  | @$20 @$40 |  | Confirmation Year 1 |  | @$50 |  |
| Sunday Elementary (Grade 1-4) |  | @$20 @$40 |  | Confirmation Year 2 |  | @ $50 |  |
| Wed Youth Group (Grade 5-8) |  | @$20 @$40 |  | Home Program |  | @$20 |  |
| 1st Eucharist |  | @$20 |  | **OFFICE USE ONLY** TOTAL FEES DUE: $\_\_\_\_\_\_\_\_\_\_\_\_\_  Paid: Date: \_\_\_/\_\_\_/\_\_\_ Cash Check #\_\_\_\_\_\_ Amount $\_\_\_\_\_\_\_\_ Initials: \_\_\_\_\_\_\_\_\_\_  Balance DUE: $\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| 1st Reconciliation |  | @$20 |  |
| **TOTAL STUDENTS:** |  | **TOTAL FEES\***  **(FEES A + FEES B)** |  |
| **\*Maximum total fees for Parish Family not to exceed $120 (does not include Confirmation Fees)** | | | | Called to protect trained? Yes 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: \_\_\_/\_\_\_/\_\_\_\_\_