

Sample St. John Catholic Church
Address
City, State, Zip
Church Phone Number

FOR OFFICE USE PLACEMENT: _____
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RELIGIOUS EDUCATION REGISTRATION 2022-2023

Student's Name			Gender	Birth Date	Place of Birth	Grade
Last	First	MI	M/F	MM/DD/YY	City, State Country	K-12
Sacrament	Received Yes or No	Birth Date MM/DD/YY	Church	City, State	For office use Verification	
Baptism						
First Penance						
First Eucharist						
Confirmation						

Family Name: _____ Parish Member? Y/N: _____

Primary Address: _____ City: _____ Zip: _____
 (Street) (apt.)

Primary Contact Info: (_____) _____ - _____ (_____) _____ - _____
 (Home Phone) (Cell/Other)

 Primary E-mail Address

Father/Guardian: _____ (_____) _____ - _____
 (Last) (First) (MI) (Phone)

Mother/Guardian: _____ (_____) _____ - _____
 (Last) (First) (Maiden) (MI)
 (_____) _____ - _____
 (Phone)

Emergency Contact information

 (Last) (First) (Relationship) (_____) _____ - _____
 (Phone)

 (Last) (First) (Relationship) (_____) _____ - _____
 (Phone)

Registration Fees: \$35.00 – for 1 Child \$45.00 for 2 Children \$55.00 for 3 Children or More Checks should be made payable to: St. John Catholic Church
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