# St. John the Baptist Faith Formation

2024-2025 REGISTRATION for Pre K – Grade 9

Dianne Franz, Coordinator 716 574-7129

6895 Boston Cross Rd., Boston, NY 14025

Father’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Religion\_\_\_\_\_\_\_\_\_\_\_

(First) (Middle) (Last)

Mother’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Religion\_\_\_\_\_\_\_\_\_\_\_

(First) (Middle) **(Maiden** Name)

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Street Address) (City/State) (Zip)

Primary Cell # for Calls and Texts\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secondary phone #?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parish if NOT registered at St. John the Baptist\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List all children to be enrolled in the program this year.

**Include a copy** **of a baptismal certificate for all NEW students.**

Child’s Full Name D.O. B Grade in Fall Allergies School attending

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.

3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4.

5.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We are in need of numerous volunteers to assist in the total program. Student tuition is waived for all teachers and aides volunteering each week in our program. (Excluding Sacrament Fee) Please consider the following: Write your name & number and indicate as to how you would like to assist. Thank You!

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Tel#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Office Aide (Sundays in office) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Teacher/Aide/ Substitute (indicate grade level) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Page # 2 for the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Family

I understand that participation in this program will follow age appropriate teachings of the Roman Catholic Church.

- It will include “Protecting God’s Children” – the Diocese Safe Environment training.

- I understand that photos taken during our program may be used in Diocese / Parish Family marketing; including, but not limited to bulletins and websites.

If you wish to opt out of any of these items, you need to provide a separate written letter to the office.

Parent Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Tuition for Grades Pre K – Grade 9**

Please return payment with your registration forms. Check payable to “St. John’s”

1 student @ $60

2 students @ $100

3 or more students @ $120 Number of Students\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Amount $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Sacramental Fee for 1st Penence & 1st Communion (students in 2nd & 3rd grades)

Number of students in Sacramental Programs\_\_\_\_@ $20 each Total $\_\_\_\_\_\_\_\_\_\_\_

Total Due $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Student tuition is waived for all full time teachers and aides volunteering in our program. However, we do ask that teachers and aides pay the SACRAMENTAL FEE for their child / children.

Financial Assistance is available if needed. Please contact the Faith Formation Coordinator for info.

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Thank you for making your family’s Faith Formation a priority. Please reach out with any questions.

May God’s blessings be upon you.

Dianne Franz

716 574-7129

**Office Use only:**

Payment received on:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cash / Check #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_