

# The Church of St. John the Evangelist

## Faith Formation Registration Form



<b>ADULT CONTACT INFO</b>	<b>First Name</b>	<b>Last Name</b>	<b>Relationship to Child(ren)</b>	<b>Email</b>	<b>Phone</b>
<i>Primary Contact</i>					
<i>Secondary Contact(s)</i>					
<i>Emergency Contact</i>					

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Child(ren) live with (check one):**

**Both Parents** \_\_\_ **Father** \_\_\_ **Mother** \_\_\_ **Step Parent/Mother** \_\_\_ **Step Parent/Father** \_\_\_

<b>YOUTH INFORMATION</b>	<b>First Name</b>	<b>Last Name</b>	<b>Gender</b>	<b>Birthday</b>	<b>Age as of Sept. 1</b>	<b>Grade</b>	<b>School Attending</b>
<i>Child #1</i>							
<i>Child #2</i>							
<i>Child #3</i>							
<i>Child #4</i>							

**Allergies, medications, or other specific relevant needs:**

\_\_\_\_\_

**For 6<sup>th</sup>-9<sup>th</sup> graders:**

**Activities, sports, extracurriculars your child is involved in:**

\_\_\_\_\_

**If you have a friend or two whose small group you hope to be in, please indicate here:**

\_\_\_\_\_

## FEES (make checks payable to St. John Faith Formation)

Please enclose specified amount.

Formation Groups	Cost	Running Total
K-8 Faith Formation 1 Child	\$50	
K-8 Faith Formation 2 Children	\$80	
K-8 Faith Formation 3+ Children	\$110	
9 <sup>th</sup> Grade Confirmation	\$50 x _____	
10 <sup>th</sup> Grade Confirmation	\$50 x _____	
1 <sup>st</sup> Communion & 1 <sup>st</sup> Reconciliation Prep (In Addition to Faith Formation Cost)	\$50 x _____	
<b>TOTAL COST</b>	<b>=</b>	

\*\*\*tuition assistance and payment schedules available upon request – credit is given to teachers with children in the program

\$ \_\_\_\_\_ Enclosed

## PHOTO DISCLAIMER

I hereby authorize and give full consent, without limitation or reservation, to the Church of St. John the Evangelist, to publish any photograph or video in which my child(ren), named above, appear(s) while participating in any program associated with St. John's. There will be no compensation for use of any photograph or video at the time of publication or in the future.

Parent signature: \_\_\_\_\_

Date: \_\_\_\_\_

Contact Neal Abbott ([nabbott@sj.org](mailto:nabbott@sj.org) or 507-288-7372 Ext. 4503) or  
Megan Rodriguez ([mrodriguez@sj.org](mailto:mrodriguez@sj.org) / 507 -288-7372 Ext. 4518)  
with any other questions or concerns!

OFFICE USE ONLY: Entered \_\_\_\_\_ Baptism Info on File \_\_\_\_\_ Paid \_\_\_\_\_