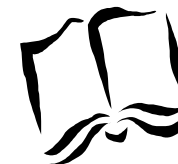




Church of St. John the Evangelist
2009-2010 Faith Formation Registration
 (Grades 1-8 Wednesday evening classes, 6:00-7:00 p.m.)



I. FAMILY NAME _____ **HOME PHONE** _____ **E-MAIL** _____

Father's First Name _____ Religion _____ e-mail _____
 Mother's First Name _____ Religion _____ e-mail _____
 Address _____ Father's Work Phone _____ Occupation _____
 City _____ State _____ Zip _____ Mother's Work Phone _____ Occupation _____

Newcomers to Faith Formation? Yes _____ No _____
 Child(ren) live with (check one): Both parents _____ Father _____ Mother _____ Step Parent/Mother _____ Step Parent/Father _____
 Who has authorization to pick up child(ren) other than PARENTS? Name _____ Phone _____

II. STUDENT NAME Last / First	GENDER m/f	BIRTHDATE	Age/Grade Sept. 1, 2006 Grades 1-8	SCHOOL TO ATTEND	RECEIVED:		
					Baptism	1 st Recon.	1 st Euch
_____	_____	_____	_____	_____	Y/N	Y/N	Y/N
_____	_____	_____	_____	_____	Y/N	Y/N	Y/N
_____	_____	_____	_____	_____	Y/N	Y/N	Y/N
_____	_____	_____	_____	_____	Y/N	Y/N	Y/N

***SPECIAL NEEDS: Does your child(ren) have any special needs? (hearing, speech, reading disability, A.D.D., other)

III. FEES Please check those that apply and enclose amount specified. **Make checks payable to: St. John Faith Formation**

_____ 1 Child = \$50

_____ 2 Children = \$80

_____ 3 Children = \$110

***Tuition assistance and payment schedules are available upon request. Tuition credit is given to anyone who teaches.

_____ YES I AM INTERESTED IN THE WEDNESDAY EVENING BIBLE STUDY.

PLEASE CONTACT ME WITH MORE INFORMATION.

\$ _____ Enclosed

If you are a 1st year student: Please include a copy of your baptismal certificate with this registration form. Thank you!

OFFICE USE ONLY: Entered _____ Assigned _____ Pd/Waiver _____ Initials _____