

The Church of St. John the Evangelist

Faith Formation Registration Form



	First Name	Last Name	Relationship to Child(ren)	Email	Phone
ADULT CONTACT INFO					
Primary Contact					
Secondary Contact(s)					
Emergency Contact					

Address _____ City _____ State _____ Zip _____

Child(ren) live with : Both Parents ___ Father ___ Mother ___ Step Parent/Mother ___

Step Parent/Father ___ Split between Mother & Father ___ Other _____

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

**If additional children please add on a separate piece of paper*

Allergies, medications, or other specific relevant needs:

For 6th-9th 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 (Add Columns)
Preschool-8 th Grade Faith Formation 1 Child	\$50	
Preschool-8 th Grade Faith Formation 2 Children	\$80	
Preschool-8 th Grade Faith Formation 3+ Children	\$110	
9 th Grade Confirmation	\$50 x _____	
10 th Grade Confirmation	\$50 x _____	
1 st Communion & 1 st Reconciliation Prep (In Addition to Faith Formation Cost)	\$50 x _____	
TOTAL COST	=	

***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 or 507-288-7372 Ext. 4503) or
Megan Rodriguez (mrodriguez@sj.org / 507 -288-7372 Ext. 4518)
with any other questions or concerns!

OFFICE USE ONLY: Entered _____ Baptism Info on File _____ Paid _____