St. John the Baptist Religious Education Program
Office phone 235-2439
2009-2010 Registration Year
Tuition and fees are due with registration

*Please complete **both sides** of this form and return to the Religious Education Office **by July 1st**.*

Class Schedule

Sunday	***8:45-10:15am***	***Grades P3 & P4, K, 1***
Sunday	***10:45-12:15pm***	***Grades P3 & P4, K, 1***
Tuesday	***9:00-10:30am***	***Grades P3 & P4***
Wednesday	***4:45-6:00pm***	***Grades K, 1, 3, 4, 5, 6***
Wednesday	***6:30-8:00pm***	***Grades 5, 6, 7, 8, HS***
Thursday	***4:45-6:15pm***	***Grades 1, 2, 3, 4, 5, 6***

Please note: Class starting dates will be posted in the parish bulletin. Notices will not be mailed.

Tuition
$75 – One Child
$100 – Two Children
$125 – Three or more Children
No tuition for the High School Class

Additional Fees
$25 – New Family Fee *(one time fee for new families)*
$25 – 1st Eucharist Fee *(2nd grade)*
$25 – Confirmation Fee *(8th grade)*
Registrations received after August 15th will be charged a $10 late fee.

1st Student

Student's Full Name _____ **Gender: M or F**
First Middle Last

Date of Birth_____/_____/_____ **School Grade in Fall**_____

Class choice- Day/Time_____ **Rel Ed Grade**_____

Previous Religious Education was at _____

Check which sacraments have been received:	**Baptism**		**1st Penance**		**1st Communion**		**Confirmation**	

Please provide a copy of all sacrament certificates if the sacrament was not made at this parish. (If previously not given)

Health Issues/Allergies/Learning Difficulties_____

_____

2nd Student

Student's Full Name _____ **Gender: M or F**
First Middle Last

Date of Birth_____/_____/_____ **School Grade in Fall**_____

Class choice- Day/Time_____ **Rel Ed Grade**_____

Previous Religious Education was at _____

Check which sacraments have been received:	**Baptism**		**1st Penance**		**1st Communion**		**Confirmation**	

Please provide a copy of all sacrament certificates if the sacrament was not made at this parish. (If previously not given)

Health Issues/Allergies/Learning Difficulties_____

_____

3rd Student

Student's Full Name _____ **Gender: M or F**
First Middle Last

Date of Birth_____/_____/_____ **School Grade in Fall**_____

Class choice- Day/Time_____ **Rel Ed Grade**_____

Previous Religious Education was at _____

Check which sacraments have been received:	**Baptism**		**1st Penance**		**1st Communion**		**Confirmation**	

Please provide a copy of all sacrament certificates if the sacrament was not made at this parish. (If previously not given)

Health Issues/Allergies/Learning Difficulties_____

St. John The Baptist Roman Catholic Church
Religious Education Program
315 N. Constitution Avenue
New Freedom, PA 17349

****** All families must be registered with the Parish******
(If you are not a parish member, please ask for a Parish Registration Form. This form must be filled out before your child attends Religious Education classes.)

Family Information

Family's Last Name_____

Father's Name_____**Religion**_____

Mother's Name_____**Religion**_____

Mother's Maiden Name_____

Complete Address_____

_____

Home phone _____**Email Address**_____

Father's cell_____ **Father's work**_____

Mother's cell_____**Mother's work**_____

Emergency contact:

Name_____**Relationship**_____**Phone**_____

Signature of Parent _____**Date**_____
Your signature gives St. John the Baptist Catholic Church permission to act in an emergency situation, if parent cannot be reached.

Signature of Parent _____**Date**_____
I understand that when participating in St. John the Baptist Catholic Church Religious Education Program, the registrant may be photographed for print, video, or electronic imaging. I understand that the images may be used in news releases and other published formats for St. John the Baptist Catholic Church.

Parents are encouraged to volunteer in some capacity in the Religious Education Program. Please check areas in which you could help.

Catechist_____ **Catechist Aide**_____ **Substitute**_____

Traffic control_____