

St. John the Baptist Religious Education Program
Office phone 235-2439
2010-2011 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**.

<u>Class Schedule</u>		
Sunday	8:45-10:15am	Grades Preschool, K, 1
Sunday	10:45-12:15pm	Grades Preschool, K, 1
Tuesday	9:00-10:30am	Grades Preschool
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 K, 1, 2, 3, 4, 5, 6

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

<u>Tuition</u>
\$100 – One Child
\$150 – Two or more Children
No tuition for the High School Class
<u>Additional Fees</u>
\$25 – New Family Fee (one time fee for new families)
\$30 – 1 st Eucharist Fee (2 nd grade)
\$30 – Confirmation Fee (8 th grade)
<u>Registrations received after August 15th will be charged a \$10 late fee.</u>

1st
Student

Student's Full Name _____ Gender: M or F

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	<input type="checkbox"/>	1st Penance	<input type="checkbox"/>	1st Communion	<input type="checkbox"/>	Confirmation	<input type="checkbox"/>
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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

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	<input type="checkbox"/>	1st Penance	<input type="checkbox"/>	1st Communion	<input type="checkbox"/>	Confirmation	<input type="checkbox"/>
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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

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	<input type="checkbox"/>	1st Penance	<input type="checkbox"/>	1st Communion	<input type="checkbox"/>	Confirmation	<input type="checkbox"/>
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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 phone _____

Mother's cell _____ Mother's work phone _____

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.

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 _____