



RELIGIOUS EDUCATION ENROLLMENT: 2007-2008

LAST NAME OF FAMILY _____

FIRST NAMES OF PARENTS _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (Home) _____ (Work) _____

CELL PHONE _____ (in case of emergency)

E-Mail address _____

I am a registered member of St. John Church: Yes _____ No _____

I understand that in order to enroll my children in the Religious Education Program at St. John the Evangelist Catholic Church, I must be a registered member of the parish. If I am not, I must consult with Pat Newton, Director of Religious Education, before I enroll. If I am **NOT** a registered member of St. John Church, I agree to pay the per pupil cost of the St. John Religious Education Program which is \$150.00 per year.

CHILD'S NAME (Last) _____ (First) _____

DATE OF BIRTH _____ AGE _____ GRADE 2007-2008 _____

CIRCLE SACRAMENTS RECEIVED: BAPTISM (in the Catholic Church)

RECONCILIATION EUCHARIST

CHILD'S NAME (Last) _____ (First) _____

DATE OF BIRTH _____ AGE _____ GRADE 2007-2008 _____

CIRCLE SACRAMENTS RECEIVED: BAPTISM (in the Catholic Church)

RECONCILIATION EUCHARIST

CHILD'S NAME (Last) _____ (First) _____

DATE OF BIRTH _____ AGE _____ GRADE 2007-2008 _____

CIRCLE SACRAMENTS RECEIVED: BAPTISM (in the Catholic Church)

RECONCILIATION EUCHARIST

Please list any special needs/concerns regarding your child:

Please see the request for very important information on the reverse side of this form.

The classroom materials fee is \$15.00 per child. Fee paid: YES NO

We are requesting that all children from 4 years to 3rd grade be picked up at their Religious Education classroom. Please list the people authorized to pick up your child.

If your child is in grades 4th to 9th, please specify where your child will meet you after class.
