Parish ID# \_\_\_\_\_\_\_\_\_\_\_\_

(office use only)

**St John the Baptist Parish**

**Religious Education Program**

**2015-2016 REGISTRATION**

**Family Information:**

Family Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father: \_\_\_\_\_\_\_\_\_\_\_\_\_ Mother:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Street) (City) (Zip Code)

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mother’s Maiden Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_ Yes \_\_\_\_\_\_ No I would like to receive emails notifications**

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Religion: \_\_\_\_\_\_\_\_\_\_ Occupation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell/Work #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Religion: \_\_\_\_\_\_\_\_\_\_ Occupation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell/Work #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Information:**

First Name Middle Name Grade Birth Date Where Baptized Fee

\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_ \_\_\_\_\_\_\_

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*Fee:* ***$40.00*** *per student with a $120.00 Family Max*. **Total Amount Due: \_\_\_\_\_\_\_**

Learning/Family/Behavioral/Health/Separation/Divorce problems of which we should be aware: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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With whom do the children reside? (Check all that apply)

\_\_\_\_\_ Both Parents \_\_\_\_\_ Mother/Stepfather \_\_\_\_\_\_ Father/Stepmother

\_\_\_\_\_ Joint Custody \_\_\_\_\_ Father Deceased \_\_\_\_\_\_ Mother Deceased

\_\_\_\_\_ Single Parent: \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other

To whom should correspondences be sent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Fees**:**

* The fee for new families and families who honored the 2014-2015 Household of Faith Agreement is **$40.00 per student** with a **$120.00 family maximum.** The fee for families participating in the **home study program is $65.00 per child.** Families that are not active members of St. John the Baptist Parish, Seymour, are required to provide a letter of verification from their home parish as part of the enrollment process.
* **All Catechist’s children are free of charge**.
* There is an additional $10.00 Sacramental fee for students in 2nd grade to cover the additional cost of materials used in preparation of 1st Reconciliation and 1st Eucharist.
* *Please note*, payment plans are available and no child will be turned away from class for an inability to pay the program fees.

**\*\*\*Commitment Expected of ALL Families\*\*\***

*One parent or guardian must initial each item to acknowledge the family’s commitment* ***… Incomplete registration forms will be returned****. In such cases, students are* ***not considered registered*** *for classes until the completed form has been returned to St John’s Parish****.***

*We will comply with the parish Household of Faith Agreement which we have all signed and is attached to this registration form****. Yes*** *\_\_\_\_\_*

**In addition to this our family promises that:**

* *We will attend weekend mass together as a family.* ***Yes \_\_\_\_\_***
* *We will pray at home and as a family work on Prayers and Practices of Our Faith which will be provided to each family* ***Yes \_\_\_\_\_***
* We will share our time and energy with charitable projects in both our parish **and** within our community. ***Yes \_\_\_\_\_***
* We as members of St John’s Parish will support it financially. ***Yes \_\_\_\_\_***

*St. Sebastian High School Student Families agree to support St. Sebastian****. Yes \_\_\_***

* We will do our best to purchase SCRIP for groceries and family purchases to support out parish programs. ***Yes \_\_\_\_\_***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian Date RE Director/Date

Office Use Only: Catechist: \_\_\_\_ Yes \_\_\_\_\_ No Amount Due: \_\_\_\_\_\_\_\_\_\_\_  
Amount Paid: \_\_\_\_\_\_\_\_\_\_\_ Check #:\_\_\_\_\_\_\_\_\_ Cash: \_\_\_\_\_\_ Balance Due: \_\_\_\_\_\_\_\_\_\_\_

2nd Payment Amount/Date: \_\_\_\_\_\_\_\_\_\_ 3rd Payment Amount/Date: \_\_\_\_\_\_\_\_\_\_