

St. John the Baptist Catholic Community
Faith Formation / Religious Education Registration
2017-2018

Please see separate sheet for times and tuition.

Attach a copy of **baptismal certificate** if child was *not baptized at SJB* or if you have *not sent in one during the past 4 years*.

Return completed registration form **with payment by Aug. 14, 2017 to: St. John the Baptist Parish Office** -12319 New Hampshire Ave. - S.S., MD 20904

Deadline for Registering for the 2017-18 Faith Formation Year is Monday, September 25, 2017.

Communication: All families will be signed-up automatically with Flocknote to receive free text message and e-mail updates: www.flocknote.com/SJBCatholicChurch

	Last Name	First Name, MI	Gender	Birth Date	School	Grade Sept. '17	Baptism Date/ Place	1st Reconciliation Date/Place	1st Eucharist Date/Place
1									
2									
3									

Father's Name	Father's Religion	Email Address	Home Phone	Work Phone	Cell Phone
Mother's Name	Mother's Religion	Email Address	Home Phone	Work Phone	Cell Phone

Mailing Address (please circle):

Mother Father Both Other _____ Street Address _____

1. Is the family formally registered in the parish? YES NO City _____ State/Zip _____
-if you don't know, please call the Parish Office-
2. Can you volunteer to teach? YES NO If yes, Grade _____
3. Can you substitute teach? YES NO If yes, Grade _____
4. May we share your contact information YES NO
with other families in your child's class (carpooling, etc.)?
5. Do you need to apply for tuition assistance? YES NO (Please turn over)

OFFICE USE ONLY:
Date Received: _____
Check #: _____ Amt: _____
Cash: _____
Parish Registration _____

St. John the Baptist Catholic Community
Faith Formation / Religious Education Emergency Information Form
2017-2018

Student's Name		Medication	Allergies	Describe any health issues.	Describe any learning or attention issues.	Does your child have an IEP or 504 Plan? * If "yes" you must provide a copy.	
						*Yes	No
1							
2							
3							

Insurance Information:

Insurance Name: _____ Policy Number: _____

Physician's Name: _____ Physician's Phone: _____

Person to Contact in case of emergency (if parent is unavailable): _____ Relationship to child(ren): _____
 _____ Emergency Contact Phone # _____

Consent to Treat:

I authorize the staff of St. John the Baptist (salaried and/or volunteer) to administer First Aid and/or take my child to a physician or hospital for emergency treatment in the event it appears necessary and neither parent nor guardian can be contacted. (St. John's staff may contact the Rescue Squad in emergency situations.)

Signature of Parent/Guardian: _____ Date: _____