

St. John the Baptist Catholic Community
Faith Formation / Religious Education Registration
2018-2019

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. 13, 2018 to: St. John the Baptist Parish Office** -12319 New Hampshire Ave. - S.S., MD 20904

Deadline for Registering for the 2018-19 Faith Formation Year is Monday, September 24, 2018.

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. '18	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 _____

City

State/Zip

- | | | | |
|--|-----|----|--------------------|
| 1. Is the family formally registered in the parish?
<i>-if you don't know, please call the Parish Office-</i> | YES | NO | |
| 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
with other families in your child's class (carpooling, etc.)? | YES | NO | |
| 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
2018-2019

	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: _____