

**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](http://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?<br><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<br>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: \_\_\_\_\_