

St. John Evangelist Religious Education Registration 2018-2019

FAMILY LAST NAME: _____

Father's First and Last Name: _____

Mother's First and Last Name: _____

To whom should information be sent: Father: Mother Both: (If different addresses please provide both.)

Mailing Address: _____

City, State, Zip: _____

E-mail Address: _____

Home Phone: _____ Cell Phone: _____

Father's Religion: _____ Mother's Religion: _____

Registered members of: St. John Evangelist Parish _____ Other Parish _____

Class Time

Grade Kindergarten: Sunday, 9:00-10:00 am at St. John Evangelist School Wing

Grades 1-6: Wednesday, 4:00-5:00 pm at St. John Evangelist School Wing

Grades 7-11: Wednesday, 7:00-8:00 pm at St. John Evangelist School Wing

Sacramental Preparation: In accordance with Archdiocesan guidelines, one completed year of religious education is required before enrolling for sacramental preparation.

Student Information:

Name	Sex	Date of Birth	Grade for 2018-2019	School Attending	Sacraments Received:					
					Baptism		Communion		Reconciliation	
_____	_____	_____	_____	_____	Yes	No	Yes	No	Yes	No
_____	_____	_____	_____	_____	Yes	No	Yes	No	Yes	No
_____	_____	_____	_____	_____	Yes	No	Yes	No	Yes	No
_____	_____	_____	_____	_____	Yes	No	Yes	No	Yes	No
_____	_____	_____	_____	_____	Yes	No	Yes	No	Yes	No

Special Needs/Medical Information: Please give us any information regarding family living arrangements, medication, special learning needs or allergies:

<u>Child's Name</u>	<u>Conditions/Cautions</u>
_____	_____
_____	_____

Emergency Information: List the name and phone number of the person you have delegated to transport your child if you are not available.

Name: _____ Relationship: _____ Phone: _____

Parish member tuition: \$75.00 per child. Tuition is capped at 3 children per family.
Non-parish member tuition: \$100.00 per child.

2nd Grade Sacraments: Please add \$20.00 for First Reconciliation & Communion
11th Grade: Additional \$100.00 for Confirmation Preparation and Retreat fees (due March 1)

Please write checks to: St. John Evangelist

Check to request tuition assistance. The Religious Education office will contact you.

Print, Photography & Video Consent: I, _____ (parent/legal guardian) hereby consent that any still or electronic image and/or audio recording or online materials, in which I or my child may appear may be used by St. John Evangelist (SJE) and/or by the Archdiocese of Milwaukee. I understand that these materials are being used for promotion of the parish of SJE and/or by the Archdiocese of Milwaukee. I also consent to the use of my child's name in publications for the parishes and/or Archdiocese of Milwaukee. The images and/or recordings may be used to support recruitment, fundraising, evangelization and other communication efforts.

Signed: _____ Date: _____

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<i>For office use only:</i>		
Total Due: \$	_____	
Payment: \$	_____	Date: _____ Balance: \$ _____
Payment: \$	_____	Date: _____ Balance: \$ _____