

Family Name: _____

Date: ___/___/___

Parent First Name	Last Name	Mother's Maiden	Relationship	Guardian?	Cell Phone	Email Address
				<input type="checkbox"/>		

Street: _____
 Line 2: _____
 City/State: _____ Zip: _____
 Home Phone: _____
 Home Email: _____

For office use only:

I am a registered St. John the Baptist parishioner:

Children

Sunday: 10:15-11:15am or Tuesday: 5:30-6:30pm

Last Name	First and Middle Names	Nickname	Public School Grade	St. John RE Grade	Day (Circle One)	Baptism Date	First Eucharist Date	Reconcil. Complete?	Confirm. Date
					S/Tu			Yes/No	
					S/Tu			Yes/No	
					S/Tu			Yes/No	
					S/Tu			Yes/No	
					S/Tu			Yes/No	

*****Please note that the base fee is \$50 and you ADD the additional children or sacrament fees.**

Fees: 1 st Child: \$50 2 nd Child: + \$40 3 rd or more: + \$35 each Confirmation: + \$60 *Confirmation YEAR 2	Amount: Date Paid: Check #:	Our Church teaches that parents are the first and most important teachers of their children. I understand my role and promise to regularly attend Mass with my children and to bring them to the Sacrament of Reconciliation at least once a year. I understand that students are allowed no more than four unexcused absences. I agree to follow the St. John the Baptist Religious Education safety policy. Parent Signature:
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