

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: _____

I am a registered St. John
the Baptist parishioner: ☐

For office use only:

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	Baptism Date	First Eucharist Date	Reconcil. Date	Confirm. Date
					S/Tu				

Fees: 1 st Child: \$50 2 nd Child: + \$40 3 rd or more: + \$35 each Confirmation: + \$60	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:
--	--	---

