

St. John the Baptist Parish
Religious Education (CCD) Enrollment 2009-2010
Kindergarten through Fifth Grade

Parent/guardian (with whom the child/children reside)

Mother's Name: _____	Father's Name: _____
Religion: _____	Religion: _____
Address: _____ _____	
Home Phone Number: _____	Registered as parishioners at St. John's? <input type="checkbox"/> Yes <input type="checkbox"/> No
Mother's Work or Cell Number: _____	Father's Work or Cell Number: _____
E-mail (if you check e-mail regularly): _____	

Non resident parent (if applicable)

Would you like to receive mailings? Yes No

Name: _____	Phone Number: _____
Address: _____	

Please Circle the Day/time you wish: Sun. 8:30 – 9:20 AM or Wed. 6:30 – 7:30 PM

Children's Names	Birthdate	Grade in Sept (K-5)	Sacraments already received:
1.			Baptism? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where? _____ when? _____ 1 st Communion? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____ Reconciliation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____
2.			Baptism? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where? _____ when? _____ 1 st Communion? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____ Reconciliation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____
3.			Baptism? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where? _____ when? _____ 1 st Communion? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____ Reconciliation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____
4.			Baptism? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where? _____ when? _____ 1 st Communion? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____ Reconciliation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____

Have your children previously been registered in the St. John's Religious Ed. Program? Yes No

If not, have they attended religious education elsewhere? Where? _____

Mass Attendance: Weekly ___ Monthly ___ Several times a year ___ Important days only ___ Rarely ___

Parents' Sacramental History:

Mother: Baptism Eucharist Confirmation
 Father: Baptism Eucharist Confirmation

**St. John the Baptist Parish
Parental Permission and Health Authorization 2009-2010**

Children's Names	Please explain any applicable health needs or disability of the child

BAPTISMAL CERTIFICATE REQUIRED WITH ENROLLMENT

I/We, parents/guardians of the above named child(ren) hereby give our permission for their participation in any and all Religious Education activities. I/We agree to direct our children to cooperate/comply with directions/instructions of Religious Education personnel responsible for Religious Education activities. I/We agree to be responsible for all medical expenses relating to injury of my child as a result of his/her participation in Religious Education activities, whether or not caused by the negligence of the parish Religious Education program, or any of its employees, volunteers or participants.

I/we agree to accompany my/our child(ren) to the classroom and remain with them until their teacher is available and to pick up my/our child(ren) at the classroom door in a timely manner.

In the event we cannot be reached in an emergency, I/we give permission for my/our child(ren)'s teacher/adult leader to authorize by his/her signature whatever medical treatment may be necessary.
Yes ___ No ___

Parent/Guardian Signature(s) _____

Persons other than parents authorized to be notified and/or pick up my/our child(ren)

Name: _____ Phone _____

Name: _____ Phone _____

Physician _____ Phone _____

Medical Plan: _____ Plan # _____ Group _____

K – 5 Enrollment Fees per household: \$60 for one child, \$90 for two children, \$120 for three or more children

Payment is due at the time of enrollment. Please make checks payable to Saint John Parish

Total fees due: _____	Fees Paid _____	Balance Due _____	Check # _____	Cash _____
Volunteer 50% Discount _____	Sacrament code _____	Notes: _____		