

**St. John the Baptist Parish
Religious Education (CCD) Enrollment 2009-2010
Junior High (6th - 7th - 8th Grade)**

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

Mother's Name: _____	Father's Name: _____
Mother's Religion: _____	Father's Religion: _____
Family Address: _____	
address	city
zip	
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: _____	

Wednesday 6:30 – 8:00 PM note time change** How would you like to Volunteer? _____**

Participant's Names	Birthdate	Grade in Sept (7-8)	Baptismal certificate on file? <input type="checkbox"/> Yes <input type="checkbox"/> No Sacraments already received:
1.			Received Baptism? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where? _____ Received 1 st Communion? <input type="checkbox"/> Yes <input type="checkbox"/> No Received Reconciliation? <input type="checkbox"/> Yes <input type="checkbox"/> No
2.			Received Baptism? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where? _____ Received 1 st Communion? <input type="checkbox"/> Yes <input type="checkbox"/> No Received Reconciliation? <input type="checkbox"/> Yes <input type="checkbox"/> No

Participant's School currently attending: _____

Have your children previously been registered in the St. John's 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**

Participant's Names	Please explain any applicable health needs or disability of the participant

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 community center and remain with them until their leader is available and to pick up my/our child(ren) at the community center 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 _____

Baptismal Certificate is required with enrollment.

Junior High Enrollment Fees per household: \$60 for one participant, \$100 for two, \$140 for three.

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: _____