

REGISTRATION FOR RELIGIOUS EDUCATION/YOUTH MINISTRY PROGRAMS St. John the Evangelist Parish 2017- 2018

RELIGIOUS ED. K-5, are on Wednesday afternoons at 4:00pm – 5:00pm
 RELIGIOUS ED. 6 – 8 classes are on Wednesday at 7:00pm – 8:00pm
 YOUTH MINISTRY 9 – 12 classes will be on Wednesdays at 7:00 – 8:00pm
 Enrollment Night is: Sept 20th, 2017. FEE MUST BE INCLUDED WITH ENROLLMENT.
 First night of Religious Ed Sessions will be September 27th, 2017
 FEE SCHEDULE: Parishioners: \$10.00 per child

FAMILY INFORMATION

Family Name _____ Address _____

City _____ State _____ Zip _____ Home Phone _____

List all email addresses at which you'd like to receive notifications:

MOTHER

First Name _____ Last _____ Work or Cell Phone _____

Address (if different) _____

FATHER

First Name _____ Last _____ Work or Cell Phone _____

Address (if different) _____

CHILD INFORMATION

CHILD 1

CHILD 2

CHILD 3

CHILD 4

CHILD INFORMATION	CHILD 1	CHILD 2	CHILD 3	CHILD 4
Child's First name				
Last name (if different)				
GRADE				
Youths Phone Number				
SEX				
BIRTH DATE				
BAPTISM DATE				
CHURCH/PLACE OF BAPTISM				
Please Mark	1st Reconciliation			
ALL child has	1st Communion			
Received (X)	Confirmation			

Return Enrollment by: 1) bring to enrollment night at Parish Center after Mass 2) mail or bring to parish office

DON'T FORGET TO FILL OUT THE OTHER SIDE TOO!!

FOR OFFICE USE ONLY:

Amt. Paid: _____ Check # _____ Cash _____ Scholarships available: Call Parish office. 653-2963

Emergency Information

This information must be filled out and signed by the parent/guardian.

While your child/children are in our care it is important for us to have the following information:

Whom should we contact in case of emergency other than yourself?

Name: _____

Address: _____

Home Phone: _____ Other (cell) _____

Is there any medical/special needs information that we need to know about your child/children? Yes ___ No ___

If so, explain _____

Are any of your children taking any medications? Yes ___ No ___

NAME OF CHILD	MEDICATION	DOSAGE	MEDICAL CONDITION ALLERGIES ETC.,	DATE OF LAST

Please list any medical/special needs, medication, allergies (**ESPECIALLY FOOD**) or disability (if applicable) for each child.

Medical treatment authorization

I understand that a reasonable effort will be made to notify me in the case of a medical emergency involving my child. However, in the event that I cannot be reached, I authorize the staff of St John the Evangelist to secure the necessary medical services in the event my child is injured or becomes ill. A doctor, clinic, hospital or health care provider may proceed with any medical or surgical treatment that such sponsor may authorize. I understand that St. John the Evangelist will not be responsible for medical expenses incurred, and that I will be responsible for any medical, surgical or transportation costs.

I agree to notify the church in the event of any health changes which would restrict my child’s participation in any normal youth or children’s activities.

I also understand that the adult supervisors reserve the right to restrict my child from any activity that they do not feel is within the physical capabilities of my child.

Name of Doctor _____ Phone _____