

**St. John the Evangelist Religious Education
Family Registration
2011-2012**

Parent Information Registration Date _____

Father/Mother Name _____ Phone _____

Address _____ Work Phone _____

City _____ State _____ Zip _____ E-mail _____

(email required)

Father's Religion _____ Marital Status (married-separated-divorced-remarried)

Mother's Religion _____ Marital Status (married-separated-divorced-remarried)

If parents are divorced, child resides with _____

Address _____ Work Phone _____

Student Information – Please list year/Church where sacraments were received.

Student Names	Grade 2011-2012 School yr.	Birth Date	Baptism	Penance	Communion	Baptismal Certificate on file
1						
2						
3						
4						

Sacramental Information

Do you have a student wishing to receive a sacrament this year? yes _____ no _____.

Child's name _____ Sacrament _____

Child's name _____ Sacrament _____

Has your child been diagnosed with a learning disability or attention deficit disorder? Please specify.

Class Information

Classes are filled on a first come basis; there are no more than 20 and no less than 10 students allowed per class. We will try to place your child/children in the day and time you choose if at all possible. First and second grade classes are limited to 15 students.

*Please circle your preference for
classes:*

Sunday from 7:45 – 9:05am

Monday from 6:00 – 7:30pm

Tuition: \$125 per child
**\$25 non-refundable tuition deposit due at
time of registration**
½ tuition due on 1st day of class
½ tuition due Feb 1st

After March 31 - \$25 family registration fee

Please see reverse side for Parish/Parent Covenant

XX

For Office Use Only:

____Directory ____Financials ____Book ____Class ____PC Sac List ____PC Mailing Cat ____Mon A/B ____Medical Form

Amount Paid \$ _____ Check # _____

Where was your child's Religious Instruction last year? _____ St. John the Evangelist _____ Other
If other please fill in location- _____
Name of Parish City Grade(s)

Emergency Name _____ Phone _____

Parish Parent Covenant

I request that St. John the Evangelist Parish be a partner with me in the education and formation of my child (children) in the Catholic Faith. I fully understand and accept my responsibility to practice the Catholic Faith with my child (children) by regularly attending Mass on Sundays and Holydays of Obligation and participating at 2 bi-annual penance services here at St. John Evangelist and to live a life in accordance with the teachings of the Church as evidenced by the use of the weekly envelopes. I understand that envelope usage will be the means by which the parish will determine if I am living in accord with this covenant.

I understand that the parish can only be a partner with me as long as I fulfill the above-mentioned responsibilities so that the parish and family may work together to accomplish the same goal.

I further understand that, as a parent, I must support what my child (children) is taught by the parish school/religious education program regarding matters of Catholic faith and morals as found in the Catechism of the Catholic Church and as interpreted by the Bishop of the Diocese of Gary.

Lastly, I understand that my child's (children's) continued enrollment in St. John the Evangelist School/Religious Education & Formation Program is contingent upon my acceptance and practice of the teachings of the Catholic Church as mentioned above. In the event that I cannot fulfill these responsibilities, the partnership that I now request of the parish cannot exist.

I PROMISE BEFORE GOD TO FULFILL MY RESPONSIBILITIES AS A PARENT BY PRACTICING THE CATHOLIC FAITH WITH MY CHILD (CHILDREN). I UNDERSTAND 'PRACTICING THE FAITH' TO MEAN ATTENDING MASS EACH SUNDAY AND HOLYDAY OF OBLIGATION, PARTICIPATING IN THE PARISHES BI-ANNUAL PENANCE SERVICES AND OTHERWISE LIVING MY LIFE IN ACCORD WITH THE TEACHINGS OF OUR HOLY CHURCH.

Family name - Please print

Catholic Parent Signature

Date

2011