# St. John the Evangelist Religious Education Registration

Mother's Name:	Religion:	Marital Stat	us:	
Street Address:		City:	Zip:	
Primary Email:		Phone:		
Father's Name:	Religion:	Martial Sta	tus:	
Street Address:		City:	Zip:	
n				
Primary Email:		Phone:		<del></del>
We are going to do most o	of our communication v			
We are going to do most of Please select what email to	of our communication v o send information to:	ia email, please ma		
We are going to do most of Please select what email toMother	of our communication vosend information to:Father	<b>ia email, please ma</b> Both	ke sure your email :	is legible.
Primary Email:  We are going to do most of Please select what email to Mother   Child(ren) reside with:   Joint custody will be assurance access to their child the court, a copy of the lease of the primary emails.	of our communication vosend information to: Father Both parents umed by St. John the Ed(ren). If there is a sole	ia email, please ma  Both  MotherFa  vangelist staff and custody situation o	ke sure your email therGuardia either parent will to restrictions are n	is legible.  n  be able to handated b
We are going to do most of Please select what email toMother Child(ren) reside with: Joint custody will be assumed to their child.	of our communication vosend information to: Father Both parents umed by St. John the Ed(ren). If there is a sole	ia email, please ma  Both  MotherFa  vangelist staff and custody situation o	ke sure your email therGuardia either parent will to restrictions are n	is legible.  n  be able to handated b

#### **VOLUNTEERS ARE ALWAYS WELCOME!**

All Volunteers must be Virtus Trained and Background checked before working with and around minors. This is not a difficult process that we will be happy to lead you through.

program.	parents to share then	time and talents with the children in our	
I would be interes	ted in becoming a car	techist.	
I would be interest	ed in becoming a clas	ssroom aide.	
	Tuition	and Fees	
	• •	gistration fee is due with the form by May 31, 20 23. The remaining tuition balance is due by	023
Registration Start Date	<b>Tuition Fee</b>	Registration Fee	
March 2023	\$125.00/child	\$25.00/family	
xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	xxxxxxxxxxxxxxxxxxx	.xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	(XXXX
Date Received:	Am	nount Paid \$	
Check #	Cash		
Copy of Baptismal Certificate	e(New Parish	ioners required & Sacramental year)	
Completed Registration Form	Signed Regi	stration Form Medical Form	

Full Name:		_ Nickname:	
DOB:			
Grade Fall 2023:	School:		
Home Public School Dis	strict:		
Medical Alerts/Allergies	:		
Learning Disabilities:	NoYes If yes:	L.DA.D.D	A.D.H.D
OTHER			
Where was your child's	religious instruction last	year? SJE Other	
Name of Parish			
City, State			
Sacraments received: Ba	ptism Penance	Eucharist	Confirmation
Sacramental Preparation	on and Celebration occ	curs as follows:	
	ration) • Confirmation	• •	Communion: 4th grade ep ordinarily started in 7th
If this child wishes to rec	ceive a Sacrament this y	ear, please check which Sa	crament is desired:
	Bantism ☐ Penance ☐	☐ Fucharist ☐ Confirmation	on $\square$

Full Name:	Nickname:
DOB:	
Grade Fall 2023:School:	
Home Public School District:	
Medical Alerts/Allergies:	
Learning Disabilities:Yes If yes:L.D	A.D.DA.D.H.D
OTHER	
Where was your child's religious instruction last year? S	JE □ Other □
Name of Parish	
City, State	
Sacraments received: Baptism Penance	Eucharist Confirmation
Sacramental Preparation and Celebration occurs as	follows:
• First Reconciliation: 3rd grade (preparation and ce (preparation and celebration) • Confirmation consist grade with Confirmation in the fall of freshmen year.	s of a two year prep ordinarily started in 7th
If this child wishes to receive a Sacrament this year, plea	ase check which Sacrament is desired:
Baptism ☐ Penance ☐ Euch	arist $\square$ Confirmation $\square$

Full Name:			Nickna	ame:	
DOB:					
Grade Fall 2023:	_School:			_	
Home Public School Distri	ict:		_		
Medical Alerts/Allergies:_					
Learning Disabilities:	_No	_Yes If yes:	_L.D	A.D.D	A.D.H.D
OTHER					
Where was your child's rel	ligious ins	struction last year	? SJE □ (	Other 🗆	
Name of Parish					
City, State					
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• First Reconciliation: 3rd (preparation and celebra grade with Confirmation	tion) • Co	onfirmation cons	sists of a tv	•	ommunion: 4th grade o ordinarily started in 7th
If this child wishes t	o receive	a Sacrament this	year, pleas	se check which	ch Sacrament is desired:
]	Baptism [	☐ Penance ☐ Eu	charist $\square$	Confirmation	n 🗆

Full Name:		Nickname:	
DOB:			
Grade Fall 2023:	School:		
Home Public School District:			
Medical Alerts/Allergies:			
Learning Disabilities:N	NoYes If yes:	_L.DA.D.D	A.D.H.D
OTHER			
Where was your child's religi	ous instruction last year	? SJE □ Other □	
Name of Parish			
City, State			
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• First Reconciliation: 3rd g (preparation and celebratio grade with Confirmation in	n) • Confirmation consi	ists of a two year prej	· ·
	•		ch Sacrament is desired:
Baj	otism □ Penance □ Euc	charist $\square$ Confirmation	n 🗆

# 2023-2024 EMERGENCY MEDICAL FORM

FAMILY LAST NAME:	<del></del>
MOTHER'S CELL:	FATHER'S CELL:
FAMILY DOCTOR:	PHONE #:
HOSPITAL PREFERENCE:	
	Please list the names and phone numbers of two responsible emergency. (Please list persons other than parents)
Name: Ph	none:
Relation:	
Name:	Phone:
Relation:	
AUTHORIZATION FOR TR	EATMENT OF MINOR(S)
Date:	
consent for emergency medic hospital by a licensed Indiana understand that in such cases and and conditions permitting. As the situation is in accordance particular type of injury or it	he parent or legal guardian of, give my cal and surgical treatment of this/these minor(s) in a licensed physician should his/her conditions so require it in my absence. I reasonable attempts would first be made to contact me, with time long as the medical or surgical treatment considered necessary in e with generally accepted standards of medical practice for the llness involved, I impose no specific limitation or prohibitions an those that follow. If none, so state, I assume financial
Limitations:	
This authorization is effective f	For the following period: From August 2023 to August 2024.
Father's signature	Mother's signature