

St. John the Evangelist Religious Education Registration

Are you new to the St. John the Evangelist Religious Education School Year? ____ Yes ____ No

If you are a returning family, has any information changed since the last school year? ____ Yes ____ No

Mother's Name: _____ Religion: _____ Marital Status: _____

Street Address: _____ City: _____ Zip: _____

Primary Email: _____ **Phone:** _____

Father's Name: _____ Religion: _____ Marital Status: _____

Street Address: _____ City: _____ Zip: _____

Primary Email: _____ Phone: _____

We are going to do most of our communication via email, please make sure your email is legible.

Please select what email to send information to:

_____ Mother _____ Father _____ Both

Child(ren) reside with: _____ Both parents _____ Mother _____ Father _____ Guardian

Joint custody will be assumed by St. John the Evangelist staff and either parent will be able to have access to their child(ren). If there is a sole custody situation or restrictions are mandated by the court, a copy of the legal document must be provided to us or joint custody will be assumed.

Class Information

Classes are filled on a first come basis. There are no more than 15 students allowed per class and no less than 5. We will try to place your child/children in the day and time you choose if at all possible.

Select your class preference: Sunday 8-9:30 AM _____ or Monday 6-7:30PM _____

STUDENT 1

Full Name: _____ Nickname: _____

DOB: _____

Grade Fall 2023: _____ School: _____

Home Public School District: _____

Medical Alerts/Allergies: _____

Learning Disabilities: _____ No _____ Yes If yes: _____ L.D. _____ A.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: Baptism _____ Penance _____ Eucharist _____ Confirmation _____

Sacramental Preparation and Celebration occurs as follows:

• First Reconciliation: 3rd grade (preparation and celebration) • First Communion: 4th grade (preparation and celebration) • Confirmation consists of a two year prep ordinarily started in 7th grade with Confirmation in the fall of freshmen year.

If this child wishes to receive a Sacrament this year, please check which Sacrament is desired:

Baptism Penance Eucharist Confirmation

STUDENT 2

Full Name: _____ Nickname: _____

DOB: _____

Grade Fall 2023: _____ School: _____

Home Public School District: _____

Medical Alerts/Allergies: _____

Learning Disabilities: _____ Yes If yes: _____ L.D. _____ A.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: Baptism _____ Penance _____ Eucharist _____ Confirmation _____

Sacramental Preparation and Celebration occurs as follows:

• First Reconciliation: 3rd grade (preparation and celebration) • First Communion: 4th grade (preparation and celebration) • Confirmation consists of a two year prep ordinarily started in 7th grade with Confirmation in the fall of freshmen year.

If this child wishes to receive a Sacrament this year, please check which Sacrament is desired:

Baptism Penance Eucharist Confirmation

STUDENT 3

Full Name: _____ Nickname: _____

DOB: _____

Grade Fall 2023: _____ School: _____

Home Public School District: _____

Medical Alerts/Allergies: _____

Learning Disabilities: _____ No _____ Yes If yes: _____ L.D. _____ A.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: Baptism _____ Penance _____ Eucharist _____ Confirmation _____

Sacramental Preparation and Celebration occurs as follows:

• First Reconciliation: 3rd grade (preparation and celebration) • First Communion: 4th grade (preparation and celebration) • Confirmation consists of a two year prep ordinarily started in 7th grade with Confirmation in the fall of freshmen year.

If this child wishes to receive a Sacrament this year, please check which Sacrament is desired:

Baptism Penance Eucharist Confirmation

STUDENT 4

Full Name: _____ Nickname: _____

DOB: _____

Grade Fall 2023: _____ School: _____

Home Public School District: _____

Medical Alerts/Allergies: _____

Learning Disabilities: _____ No _____ Yes If yes: _____ L.D. _____ A.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: Baptism _____ Penance _____ Eucharist _____ Confirmation _____

Sacramental Preparation and Celebration occurs as follows:

• First Reconciliation: 3rd grade (preparation and celebration) • First Communion: 4th grade (preparation and celebration) • Confirmation consists of a two year prep ordinarily started in 7th grade with Confirmation in the fall of freshmen year.

If this child wishes to receive a Sacrament this year, please check which Sacrament is desired:

Baptism Penance Eucharist Confirmation

2023-2024 EMERGENCY MEDICAL FORM

FAMILY LAST NAME: _____

MOTHER'S CELL: _____ FATHER'S CELL: _____

FAMILY DOCTOR: _____ PHONE #: _____

HOSPITAL PREFERENCE: _____

EMERGENCY CONTACTS: Please list the names and phone numbers of two responsible persons we may contact in an emergency. **(Please list persons other than parents)**

Name: _____ Phone: _____

Relation: _____

Name: _____ Phone: _____

Relation: _____

AUTHORIZATION FOR TREATMENT OF MINOR(S)

Date: _____

I, _____, being the parent or legal guardian of _____, give my consent for emergency medical and surgical treatment of this/these minor(s) in a licensed hospital by a licensed Indiana physician should his/her conditions so require it in my absence. I understand that in such cases reasonable attempts would first be made to contact me, with time and conditions permitting. As long as the medical or surgical treatment considered necessary in the situation is in accordance with generally accepted standards of medical practice for the particular type of injury or illness involved, I impose no specific limitation or prohibitions regarding treatment other than those that follow. If none, so state, I assume financial responsibility for the same.

Limitations:

This authorization is effective for the following period: From August 2023 to August 2024.

Father's signature

Mother's signature