

St. John the Evangelist Catholic Church
800 W. Baker Rd., Baytown, Texas 77521

Religious Education Registration Form 2019-2020

Family Information (Please Print)

Family Last Name: _____ Home Phone: _____
Father's Name: _____ Religion: _____
Mailing Address: _____ City/Zip Code: _____
Mother's Name: _____ Religion: _____
Mailing Address: _____ City/Zip Code: _____
Father's Cell Number: _____ Mother's Cell Number: _____
Father's Email: _____ Mother's E-mail: _____
Emergency Contact: _____ Phone: _____

Student #1 Information

Grade Level: _____ (2019-2020)

Last Name: _____ First Name: _____ Middle Name: _____

Gender: M/F Date of Birth: _____ Place of Birth: _____

Has this child been baptized? Y/N (Must attach Baptism Certificate) If Yes, Date: _____
Church: _____ City/State: _____

Has this child made his/her First Communion? Y/N If Yes, Date: _____
Church: _____ City/State: _____

Has this child made his/her Confirmation? Y/N If Yes, Date: _____
Church: _____ City/State: _____

Special Needs: (Please comment if your child has any special needs or circumstances that we need to be aware) _____

Student #2 Information

Grade Level: _____ (2019-2020)

Last Name: _____ First Name: _____ Middle Name: _____

Gender: M/F Date of Birth: _____ Place of Birth: _____

Has this child been baptized? Y/N (Must attach Baptism Certificate) If Yes, Date: _____
Church: _____ City/State: _____

Has this child made his/her First Communion? Y/N If Yes, Date: _____
Church: _____ City/State: _____

Has this child made his/her Confirmation? Y/N If Yes, Date: _____
Church: _____ City/State: _____

Special Needs: (Please comment if your child has any special needs or circumstances that we need to be aware) _____

Student #3 Information**Grade Level:** _____ (2019-2020)

Last Name: _____ First Name: _____ Middle Name: _____

Gender: M/F Date of Birth: _____ Place of Birth: _____

Has this child been baptized? Y/N (Must attach Baptism Certificate) If Yes, Date: _____

Church: _____ City/State: _____

Has this child made his/her First Communion? Y/N If Yes, Date: _____

Church: _____ City/State: _____

Has this child made his/her Confirmation? Y/N If Yes, Date: _____

Church: _____ City/State: _____

Special Needs: (Please comment if your child has any special needs or circumstances that we need to be aware) _____

Remind Mobile Messaging	Volunteers Needed
<p>Texting is the primary form of communication for our Faith Formation program. If you give us permission below, we will include your cell phone(s) for texting. Your information will be used for church purposes only.</p> <p><input type="checkbox"/> Yes, you may add my cell phone(s): _____ _____</p> <p><input type="checkbox"/> No, please do not include my cell phone(s)</p>	<p>Many volunteers are needed in order for the religious education program to be possible. If you are a Confirmed and practicing member of the Catholic Church, please consider serving the parish community as a catechist or catechist aide. The children of our parish need you.</p> <p>Are you interested in serving as a catechist or catechist aide? YES NO</p> <p>What grade level are you interested in serving? Grade Level: _____</p>

VIDEO/PHOTOGRAPHY CONSENT

I consent to allow my child's image to be recorded, either by photograph or video, and used for promotional materials (social media, newsletters, web page, calendars, PowerPoint, video, etc.) to highlight St. John the Evangelist Catholic Church's Faith Formation program.

Parent/Guardian Signature/Date _____

Registration Fee:

Child \$60.00 Two Children \$80.00 Three or more Children \$100.00

OFFICE USE ONLY:**Tuition Amount:** \$ _____ **Tuition Paid:** \$ _____ **Balance Due:** \$ _____**Parishioner ID:** _____ **Receipt No:** _____