CHILD INFORMATION		
NAME:		
DATE	E OF BIRTH:	GRADE (as of Sep 2019):
SCHOOL ATTENDING:		
SACRAMENTS RECEIVED:		
	Baptism	(Date, Church, and City/State)
Reconciliation		
Confirmation		
Е	cucharist	
SPECIAL CONCERNS:		
Any severe food allergies we should be aware of?		
Any learning disability we should be aware of?		
Any medical condition(s) or concerns we should be aware of?		
DADENGED ATTACK CONCENTS		
PARTICIPATION CONSENT:		
	allowed to participate in Faith Formation prog	uardian of Participant and request that he/she be rams, events, and activities to be held at Saint John year. I understand that the Faith Formation activities as which may be held from time to time.
PHOTO AND VIDEO CONSENT:		
	We would like to able to use these photograph publications, and the parish website. Written p	parental consent is required. Names will not be posted. posted on the website, please contact the Saint John
	SIGNATURE of Custodial Parent/Guardian, a	nd DATE