



**St. John the Baptist and St. Joseph
Family Religious Education Program 2017-2018**



Registration for GRADES 1 through 10

- Please complete all the information on the FRONT and BACK sides of this registration form. This information will help us to best serve your family.
- Please complete enclosed PAGE TWO with registration information for each child.

Family Name _____ (for mailings)

Home Address _____

Family email address _____ (please write clearly)

Home phone _____ Cell phone _____

Please remember to provide us with any change in contact information.

Our parish is: _____ St. John Parish _____ St. Joseph Parish

✚ I acknowledge that I am the primary source of faith formation for my child. I accept my parental responsibility to ensure that our family will attend Mass each week.

Parent/Guardian signature _____

FAMILY INFORMATION

Father's name _____ religion _____

Mother's name and maiden name _____ religion _____

Please list all children in this family:

_____ age _____

_____ age _____

_____ age _____

_____ age _____

_____ age _____

Please turn page over

- Children live with; (please circle)
 both parents one parent one parent and stepparent guardian
- Emergency contact if parent not available:

Name	relationship	phone
<ul style="list-style-type: none"> • If a non-custodial parent should also receive mailings/emails please provide their name, address, and email address: 		
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Please contact us with any important information/ legal situation/health concerns regarding your child's safety

Our parishes reach out to all family members to provide education and sacrament preparation. Please note areas where you or someone in your family would have an interest:

- Marriage in the Catholic Church _____
- Becoming a Catholic _____
- Adult Confirmation (age 18 and above) _____
- Coffee and Catholicism (adult gatherings during your child's class) _____
- Other areas of interest _____

Parents are a most valuable part of our program. If you would be willing to help as a teacher or substitute teacher please indicate below:

Please contact me about helping as a:
 _____ teacher _____ substitute teacher

Please mail the two registration pages by August 1st to :

St. John-St. Joseph Family Religious Education Program
 21 Gay Street Quincy, MA 02169

Please enclose fees payable to St. John the Baptist.
 Anyone experiencing financial hardship is invited to contact the Religious Education Department
 (617-877-5014)

Fee for GRADES 1 through 9

One child - \$60 Two children - \$110 Three or more children - \$150

Confirmation II (grade 10) fee is \$80

PAGE TWO
Religious Education Registration Grades 1-10

- Please complete this page with information for each child in your family. There is space on the reverse side of this form for additional children.
- Please return this page along with PAGE ONE of the registration form.

Child's complete Name _____	
Date of birth _____	RE grade 2017-2018 _____
Church and city of child's baptism _____	
Public school and grade 2017-2018 _____	
Does your child have any special needs/allergies? _____	

Child's complete Name _____	
Date of birth _____	RE grade 2017-2018 _____
Church and city of child's baptism _____	
Public school and grade 2017-2018 _____	
Does your child have any special needs/allergies? _____	

Child's complete Name _____	
Date of birth _____	RE grade 2017-2018 _____
Church and city of child's baptism _____	
Public school and grade 2017-2018 _____	
Does your child have any special needs/allergies? _____	

Child's complete Name_____

Date of birth _____

RE grade 2017-2018_____

Church and city of child's baptism _____

Public school and grade 2017-2018_____

Does your child have any special needs/allergies? _____

Child's complete Name_____

Date of birth _____

RE grade 2017-2018_____

Church and city of child's baptism _____

Public school and grade 2017-2018_____

Does your child have any special needs/allergies? _____

Child's complete Name_____

Date of birth _____

RE grade 2017-2018_____

Church and city of child's baptism _____

Public school and grade 2017-2018_____

Does your child have any special needs/allergies? _____