For Office Use	
Grade	
Entered in Database?	
Date	

ST. JOHN THE EVANGELIST CHURCH SCHOOL YEAR ____ FAMILY RELIGIOUS EDUCATION and SACRAMENTS

	For Office Use Date Rc'd	
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Family I	nformation
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Family Name		
Child's Name	Date of Birth	Grade
Child's Name	Date of Birth	Grade
Child's Name	Date of Birth	Grade
Child's Name	Date of Birth	Grade
Mailing Address		
Home Phone Number	Preferred Email	
Preferred Text		
Mother's Name	Mother's Maiden Name	e
Cell Phone		
Father's Name	Cell Phone	
Emergency contact	Phone Number	
Classes registering for: Family of Faith First Reconciliation First Communion	Confirmation Youth Group (After Confirmate	tion is received)
Complete if Sacraments were n	ot made at St. John or St. Edward par	ishes
Date of Baptism	Place	
Date of First Communion	Place	
Date of Confirmation	Place	

Doctor and Health Information

Please list any health problems, including al be aware of	llergies, you feel are important for your child's teacher to
Name of Child's Physician	Phone
	GIVE OUR PERMISSION TO THE DIRECTOR TO SEEK MEDICAL CARE FOR OUR ONTACT PERSON CANNOT BE REACHED AT THE
Media Permission; sign and date	
	, GIVE PERMISSION FOR MY CHILD(REN's)PICTURE ARISH FACEBOOK/WEBSITE PAGES; VERMONT CATHOLIC
I,	DO NOT GIVE PERMISSION FOR MY THE DIOCESAN AND PARISH FACEBOOK/WEBSITE any Social Media) ***
Materials Fee The fee of \$30 per family helps to cover materia order additional books after placing order, mater	als for Family of Faith and sacramental classes. If we need to rials fee may go up. Please see Maryann if there is a concern.
Parent Signature	
Print Name	
Date	

A copy of your child's Baptismal Record is required unless baptized at St. John or St. Edward.