

St. Jean Baptiste

GRADE _____
For JHS Day requested
SUNDAY WEDNESDAY
Parish _____
St. Jeans # _____

2018-2019 RELIGIOUS EDUCATION REGISTRATION FORM
NEW REGISTRATION

DATE _____

FATHER _____ RELIGION _____ EMAIL _____

CELL _____ HOME _____ HOME ADDRESS _____

MOTHER'S
FIRST & MAIDEN NAME _____ RELIGION _____ SACRAMENTS _____

CELL _____ HOME _____ HOME ADDRESS _____

CHILD'S NAME _____ CCD GRADE IN SEPT. _____

DATE OF BIRTH _____ SCHOOL ATTENDING _____ GRADE _____

WAS CHILD BAPTIZED? YES NO

DATE/CHURCH/ADDRESS OF BAPTISM _____

Copy of certificate required
FIRST PENANCE _____

DID CHILD RECEIVE FIRST HOLY COMMUNION? YES NO

FIRST HOLY COMMUNION _____

****DOES CHILD HAVE ANY MEDICAL OR PHYSICAL HANDICAPS?**

Does your child have an IEP? **Is there anything we should be aware of to tailor the instruction to the child's needs? Please explain** _____

REGISTRATION FEE: 1 CHILD \$325 2 CHILDREN \$425 3 OR MORE CHILDREN \$525

- 1) There will be a \$25.00 Bank/Parish fee for returned checks, if check has been returned only cash will be accepted.
 - 2) CCD Registration is non-refundable after the third class hour. There will be no refund nor rebate of any part of the fee.
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ARE YOU WILLING TO HELP US IN THE FOLLOWING?

HALL MONITOR _____ BEING A CATECHIST _____ ASSISTING A CATECHIST _____

PAYMENT: CHECK # _____ CASH _____
AMOUNT _____ RECEIPT # _____ Init _____

PARENT'S SIGNATURE: _____

EMAIL ADDRESS: _____