

St. John the Baptist Religious Education Program  
Office phone (717) 235-2439 - Email: reled@sjbfnf.org or srjkeller@sjbfnf.org  
2022-2023 Registration

**Tuition and fees are due with registration**

Please complete **both sides** of this form and return to the Religious Education Office **by June 1<sup>st</sup>, 2022**

Class Schedule	
Sunday:	8:45am-10:15 *GS-P3, GS-P4, GS-K Also: *GS Grades 1 & 2 (*GS: Good Shepherd)
Wednesday:	6:00-7:30pm *GS-P3, GS-P4, GS-K *GS-1, GS-2, Grades: 3, 4, 5, 6, 7, 8 & High School (YM Room)
Wednesday:	6:00-7:30 pm RCIC
Thursday:	6:00-7:30pm *GS-P3, GS-P4 GS-K, *GS-1, GS-2 Grades: 3, 4, 5, 6, 7, 8

Tuition
\$125 – One Child \$200 – Two or more Children (if Pd. by June 1 <sup>st</sup> )
\$150/\$225 (if Pd. by July 1 <sup>st</sup> ) \$175/\$250 (if Pd. After July 1 <sup>st</sup> )
Additional Fees
\$40– 1 <sup>st</sup> Penance/1 <sup>st</sup> Communion Fee (2 <sup>nd</sup> grade) \$40 – Confirmation Fee (8 <sup>th</sup> grade)

**Please note:** If you have scheduling concerns regarding any grade-level, please let us know and we'll work with you to accommodate your concerns.

Class starting dates will be communicated in early August and will be posted in the parish bulletin and website  
**If registering more than two children, please use an additional form**

Student's Full Name \_\_\_\_\_ Gender: M or F  
First Middle Last  
 Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ School District \_\_\_\_\_ School \_\_\_\_\_ Grade in Fall \_\_\_\_  
 1<sup>st</sup> Student Class choice- Day/Time \_\_\_\_\_ Rel. Ed Grade \_\_\_\_\_  
 Previous Religious Education was at \_\_\_\_\_

Check which sacraments have been received:	Baptism	1 <sup>st</sup> Penance	1 <sup>st</sup> Communion	Confirmation	
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*Please provide a copy of your child's Baptismal certificate if not baptized at St. John's Catholic Church (If previously not given)*

Health Issues/Allergies/Learning Difficulties \_\_\_\_\_

*\*Please Note: Children with special needs may require a parent to remain on the premises.\**

Student's Full Name \_\_\_\_\_ Gender: M or F  
First Middle Last  
 Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ School District \_\_\_\_\_ School \_\_\_\_\_ Grade in Fall \_\_\_\_  
 2<sup>nd</sup> Student Class choice- Day/Time \_\_\_\_\_ Rel. Ed Grade \_\_\_\_\_  
 Previous Religious Education was at \_\_\_\_\_

Check which sacraments have been received:	Baptism	1 <sup>st</sup> Penance	1 <sup>st</sup> Communion	Confirmation	
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*Please provide a copy of your child's Baptismal certificate, if not Baptized at St. John's Catholic Church (If previously not given)*

Health Issues/Allergies/Learning Difficulties \_\_\_\_\_

*\*Please Note: Children with special needs may require a parent to remain on the premises.\**

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

*Your signature gives St. John the Baptist Catholic Church permission to act in an emergency situation.*

Please complete side two, also.

Permission to Use Student Images

Please check one:

\_\_\_ I give permission for my Child(ren) listed above to be in visual displays, including photographs, the parish website, and video clips.

\_\_\_ I **do not** give permission for my Child(ren) listed above to be in visual displays, including photographs, the parish website, and video clips.

All families must be registered with the Parish  
(If you are not a parish member, please ask for a Parish Registration Form. This form must be completed and returned before your child attends Religious Education classes.)

Family Information

Family's Last Name \_\_\_\_\_

Father's Name \_\_\_\_\_ Religion \_\_\_\_\_

Mother's Name \_\_\_\_\_ Religion \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_

Complete Address \_\_\_\_\_  
\_\_\_\_\_

Home phone \_\_\_\_\_ Email Address \_\_\_\_\_

I give St. John the Baptist Religious Education program permission to release my email address for Religious Education purposes ONLY.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Father's cell \_\_\_\_\_ Father's work phone \_\_\_\_\_

Mother's cell \_\_\_\_\_ Mother's work phone \_\_\_\_\_

Emergency contact (someone other than a parent who can be reached during class time.)

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**Parents are encouraged to volunteer in some capacity in the Religious Education Program.  
Please check areas in which you would like to help.**

Catechist \_\_\_\_\_ Catechist Aide \_\_\_\_\_ Good Shepherd Aide \_\_\_\_\_ High School Aide \_\_\_\_\_

Office Aide: (Sun. 8:45 AM) \_\_\_\_\_ (Wed. 6:00 PM) \_\_\_\_\_ (Thurs. 6:00 PM) \_\_\_\_\_

Teen Aide: Sun.am 8:45 - 10:15 \_\_\_\_\_ Teen Aide: Thurs. 6:00-7:30 \_\_\_\_\_  
(Student Name) (Student Name) (Student Name)

Substitute \_\_\_\_\_ Retreat Day Aide \_\_\_\_\_ Assist with your child's class \_\_\_\_\_

Assist with Family Ministry \_\_\_\_\_ Assist with individual students as needed \_\_\_\_\_ Hospitality Aide \_\_\_\_\_

I'm a nurse and can be available (Wed PM) \_\_\_\_\_ (Thurs. PM) \_\_\_\_\_ Call me if you need me \_\_\_\_\_

**THANK YOU!**