

St. John the Baptist Religious Education Program
Office phone (717) 235-2156, ext. 225 - Email: reled@sjbnf.org or srijkeller@sjbnf.org
2024-2025 Registration

Tuition and fees are due with registration.

Please complete **both sides** of this form and return it to the Religious Education Office **by June 1st, 2024.**

<u>Class Schedule</u>	
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

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

1st Student

Student's Full Name _____ Gender: M or F

First Middle Last

Date of Birth ____/____/____ School District _____ School _____ Grade in Fall _____

Class choice- Day/Time _____ Rel. Ed Grade _____

Previous Religious Education was at _____

Check which sacraments have been received:	Baptism	1 st Penance	1 st 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. **

2nd Student

Student's Full Name _____ Gender: M or F

First Middle Last

Date of Birth ____/____/____ School District _____ School _____ Grade in Fall _____

Class choice- Day/Time _____ Rel. Ed Grade _____

Previous Religious Education was at _____

Check which sacraments have been received:	Baptism	1 st Penance	1 st 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.

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 _____

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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!