

ST JOHN THE BAPTIST CATHEDRAL

RELIGIOUS EDUCATION REGISTRATION FORM FOR 2016 - 2017

CHILD'S NAME _____ DOB _____ AGE _____

ADDRESS _____ GENDER: BOY _____ GIRL _____

CITY/ST/ZIP _____

HOME TELEPHONE # _____

CELL # _____

SCHOOL CHILD ATTENDS _____ GRADE IN SEPTEMBER _____

DOES YOUR CHILD HAVE ANY LEARNING DISABILITIES: **YES** () OR **NO** () IF YES, EXPLAIN: _____

DOES YOUR CHILD HAVE ANY ALLERGIES: **YES** () OR **NO** () IF SO, WHAT KIND: _____

EMERGENCY CONTACTS:

NAME: _____ TELEPHONE # _____

NAME: _____ TELEPHONE # _____

BAPTISM: YES () OR NO () DATE: _____ PARISH: _____

FIRST LEVEL / PRIMER NIVEL _____ ENGLISH _____ SPANISH

SECOND LEVEL / SEGUNDO NIVEL _____ ENGLISH _____ SPANISH

FIRST COMMUNION: DATE: _____ PARISH: _____

POST COMMUNION _____ ENGLISH _____ SPANISH

REGISTRATION FEE IS \$30 (BOOKS ARE NOT INCLUDED) **FOR OFFICE USE ONLY**

CERTIFICATE: _____ BAPTISM _____ BIRTH CERTIFICATE

PAID: _____ RECEIPT # _____ DATE: _____ BY: _____