



St John the Evangelist - Sacraments

Registration Form 2015 - 2016



St John the Evangelist 225-8980
2400 West Ridge Road, Rochester NY 14626

Student Name _____ Sex M F
LAST FIRST

Address _____ Phone _____
House # Street
 _____ NY, _____ Date of Birth _____
CITY/TOWN ZIPCODE

• Grade in Fall 2015 ____ Age of child ____ Public School Attending _____

Please circle the Sacrament you are registering for

1st Reconciliation
 1st Eucharist
 Confirmation (2 yr program)

Mother's Name _____ Maiden Name _____

Mother's Address _____
 (If different from child's) House # STREET

CITY/TOWN STATE ZIPCODE Religion _____

Phone: _____ Cell: _____ E-mail _____

Father's Name _____ Religion _____

Father's Address _____
 (If different from child's) House # STREET

CITY/TOWN STATE ZIPCODE

Phone: _____ Cell: _____ E-mail _____

Child lives with: Both parents ____ Mother ____ Father ____ Other ____
 If other, provide name, address, phone and e-mail _____

Emergency contact name _____ Phone: _____

Is there anyone to whom this child cannot be released? _____

Special Situations regarding your child, that we should be aware of (Learning, Behavior, Challenges, Allergies, Medications, etc. Circle Yes/No (Please attach a separate sheet if necessary)

yes _____ no _____

Sacraments*	Date	Church &	Location
Baptism			
Reconciliation			
Eucharist			
Confirmation			

Registration Fee: Please make check payable to St John the Evangelist
Programs at St John the Evangelist (price is p/sacrament):
 \$25 for one child, \$40 for 2 children, \$50 for three or more children

Health Information

Health Insurance Co. _____ Policy # _____

Physician _____ Phone # _____

Allergies _____

PERMISSION AND RELEASE FORM

I, the undersigned parent or guardian of _____ gives permission for participation in the activities at the parish in which the child is registered for Catholic Faith Formation. In the event of an accident or illness, I hereby grant permission to a staff member or representative to act as an agent for me to consent to medical examination, treatment, hospital care or to administer first aid for minor problems. On the behalf of my child, I assume all risk of personal injury, damage, and expense as the result of participation.

I also give permission for the use of photographs of and including my child to be used in church publicity.

Signature of parent/guardian _____ Date _____

FOR OFFICE USE ONLY

Amount paid: _____ Check # _____

Cash _____ Date _____ Initial _____