## St. John's Religious Education Registration 2024-25

Please fill out <u>any information that has changed</u> since last year. Return this form along with your payment, on the first night of class. Thanks!

Family Information:		
Father	Mother	
Address		
Telephone Numbers		
Father	Mother	Home
Email Address		
Person(s) with whom child(ren	n) are living	
Home Parish: St. John's	St. Paul's C	Other
Child's Name	Date of Birth	Grade
Do any of your children have a	any learning needs?	
Do any of your children have a	allergies?	
Do any of your children have s	special health concerns?	
Emergency Contact:		
Name	Phone numbe	r
	n the classroom, be a substitut No	te teacher and or help with masses and
Baptist Church. If you are not charged by your home parish	t a member of St. John's, the t . (St. Paul's - \$75, St. Charles, S	make checks payable to St. John the cuition amount will be the same amount St. Bridget, St. Peter's, Holy Ghost & al child) If you need financial assistance
Tuition Amount Enclosed	Payment Date _	