

St. John the Evangelist Homeschool Family Registration Form 2009–2010

Phone: 540-347-2922 ext. 212

REOffice@stjohntheevangelist.org

Revised: 5/22/09

Please register your child regardless of the grade they are entering. Sacramental Fees (\$20) are required only for those students entering Sacramental years (1st Eucharist, 1st Penance (2nd) and Confirmation (8th grades)). Please submit this form with payment (if applicable) by September 1.

Last Name Registered with Parish _____ Parish Envelope Number: _____
 Mailing Address: _____ Home Phone: _____
 Mother's Name: _____ Cell # _____ Mother's Religion: _____
 Father's Name: _____ Cell # _____ Father's Religion: _____
 Family Email: _____

(Email is primary mode of communication for RE)

Custodial Parent, if different from above: _____ Phone: _____
 Emergency Contact: _____ Phone: _____
 School(s) Children Attend: _____

Child's Name	Date of Birth	Sex	Grade	Next Yr	Parish of Last RE your child received	/ Year	/ Grade
_____	____/____/____	_____	_____	_____	_____	____/____/____	____/____/____
Sacrament(s) Received and Date:		Baptism	<i>Catholic?</i>	Eucharist	Penance	Confirmation	
		<input type="checkbox"/> ____/____/____	<input type="checkbox"/>	<input type="checkbox"/> ____/____/____	<input type="checkbox"/> ____/____/____	<input type="checkbox"/> ____/____/____	<input type="checkbox"/> ____/____/____

Special Needs: medical, learning disabilities, physical disabilities: _____

Child's Name	Date of Birth	Sex	Grade	Next Yr	Parish of Last RE your child received	/ Year	/ Grade
_____	____/____/____	_____	_____	_____	_____	____/____/____	____/____/____
Sacrament(s) Received and Date:		Baptism	<i>Catholic?</i>	Eucharist	Penance	Confirmation	
		<input type="checkbox"/> ____/____/____	<input type="checkbox"/>	<input type="checkbox"/> ____/____/____	<input type="checkbox"/> ____/____/____	<input type="checkbox"/> ____/____/____	<input type="checkbox"/> ____/____/____

Special Needs: medical, learning disabilities, physical disabilities: _____

Child's Name	Date of Birth	Sex	Grade	Next Yr	Parish of Last RE your child received	/ Year	/ Grade
_____	____/____/____	_____	_____	_____	_____	____/____/____	____/____/____
Sacrament(s) Received and Date:		Baptism	<i>Catholic?</i>	Eucharist	Penance	Confirmation	
		<input type="checkbox"/> ____/____/____	<input type="checkbox"/>	<input type="checkbox"/> ____/____/____	<input type="checkbox"/> ____/____/____	<input type="checkbox"/> ____/____/____	<input type="checkbox"/> ____/____/____

Special Needs: medical, learning disabilities, physical disabilities: _____

Child's Name	Date of Birth	Sex	Grade	Next Yr	Parish of Last RE your child received	/ Year	/ Grade
_____	____/____/____	_____	_____	_____	_____	____/____/____	____/____/____
Sacrament(s) Received and Date:		Baptism	<i>Catholic?</i>	Eucharist	Penance	Confirmation	
		<input type="checkbox"/> ____/____/____	<input type="checkbox"/>	<input type="checkbox"/> ____/____/____	<input type="checkbox"/> ____/____/____	<input type="checkbox"/> ____/____/____	<input type="checkbox"/> ____/____/____

Special Needs: medical, learning disabilities, physical disabilities: _____

Parent/Guardian Signature _____

Date _____

For Office Use Only:

Tuition due: \$ _____ Tuition Pd: \$ _____ Date Paid: ____/____/____ Baptism Certificate on File: Y or N