

# St. John the Baptist Catholic Church

2302 W. Church Street, Johnsburg, IL 60051

## Religious Education Family and Student Registration

Please note that a Family-Student Contact Information form needs to accompany this Registration form  
2011-2012

**Student #1** Full Name: \_\_\_\_\_ Gender \_\_\_\_\_

Parent/Guardian Names: \_\_\_\_\_

Birthdate: \_\_\_\_\_ School Grade 2011-12 \_\_\_\_\_ School Attending 2011-12 \_\_\_\_\_

Please list any health problems and/or learning difficulties. This information will be kept confidential and will only be used to best serve your child's needs.

\_\_\_\_\_  
\_\_\_\_\_

**IF APPLICABLE, additional Information *for non-custodial parent***

Send Courtesy Copies?  YES  NO

NAME; \_\_\_\_\_ Telephone #'s \_\_\_\_\_

ADDRESS \_\_\_\_\_ City, State, Zip \_\_\_\_\_

***~For New Students Only – History of Sacraments Received~***

Has your child attended religious Formation/Education classes?  Yes  No

**If YES** – Parish Name & Address \_\_\_\_\_

**BAPTISM:** Y N **If Yes:** Date of Baptism: \_\_\_\_\_ \*Church Name & Address \_\_\_\_\_

**\*Please provide a copy of Baptismal Certificate if not baptized here at St. John the Baptist**

**First Reconciliation/Eucharist dates:** \_\_\_\_\_ Church Name & Address \_\_\_\_\_

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**Student #2** Full Name: \_\_\_\_\_ Gender \_\_\_\_\_

Parent/Guardian Names: \_\_\_\_\_

Birthdate: \_\_\_\_\_ School Grade 2011-12 \_\_\_\_\_ School Attending 2011-12 \_\_\_\_\_

Please list any health problems and/or learning difficulties. This information will be kept confidential and will only be used to best serve your child's needs.

\_\_\_\_\_  
\_\_\_\_\_

**IF APPLICABLE, additional Information *for non-custodial parent***

Send Courtesy Copies?  YES  NO

NAME; \_\_\_\_\_ Telephone #'s \_\_\_\_\_

ADDRESS \_\_\_\_\_ City, State, Zip \_\_\_\_\_

***~For New Students Only – History of Sacraments Received~***

Has your child attended religious Formation/Education classes?  Yes  No

**If YES** – Parish Name & Address \_\_\_\_\_

**BAPTISM:** Y N **If Yes:** Date of Baptism: \_\_\_\_\_ \*Church Name & Address \_\_\_\_\_

**\*Please provide a copy of Baptismal Certificate if not baptized here at St. John the Baptist**

**First Reconciliation/Eucharist dates:** \_\_\_\_\_ Church Name & Address \_\_\_\_\_