

Kindergarten-10th Grade Registration Form 2019/2020

ADULT CONTACT INFO	First Name	Last Name	Relationship to Child(ren)	Email	Phone
Primary Contact					
Secondary Contact(s)					
Emergency Contact					

Address _____ City _____ State _____ Zip _____

Child(ren) live with : Both Parents ___ Father ___ Mother ___ Step Parent/Mother ___

Step Parent/Father ___ Split between Mother & Father ___ Other _____

YOUTH INFORMATION	First Name	Last Name	Gender	Birthdate	Age as of Sept. 1, 2019	Grade 19/20 School Year	School Attending
Child #1							
Child #2							
Child #3							
Child #4							

*If additional children please add on a separate piece of paper

Allergies, medications, or other specific relevant needs:

If you or any of your children haven't received one of the Sacraments of Initiation (Baptism, Eucharist or Confirmation), do you seek to receive any of them? Yes ___ No ___

(In the Diocese of Winona-Rochester 1st Eucharist is celebrated in 2nd grade and Confirmation in 10th grade).

For 6th-9th graders:

Activities, sports, and extracurricular activities your child is involved in:

If you have a friend or two whose Confirmation small group you hope to be in, please indicate here:

FEES (make checks payable to St. John Faith Formation)

Please enclose specified amount.

<u>Formation Groups</u>	<u>Cost</u>	<u>Running Total</u> <i>(Add Columns)</i>
Preschool-8 th Grade Faith Formation 1 Child	\$50	
Preschool-8 th Grade Faith Formation 2 Children	\$80	
Preschool-8 th Grade Faith Formation 3+ Children	\$110	
9 th Grade Confirmation	\$50 x _____	
10 th Grade Confirmation (includes overnight retreat)	\$60 x _____	
1 st Communion & 1 st Reconciliation Prep (In Addition to Faith Formation Cost)	\$50 x _____	
TOTAL COST	=	

***tuition assistance and payment schedules available upon request – credit is given to teachers with children in the program

\$ _____ Enclosed

PHOTO DISCLAIMER

I hereby authorize and give full consent, without limitation or reservation, to the Co-Cathedral of St. John the Evangelist, to publish any photograph or video in which my child(ren), named above, appear(s) while participating in any program associated with St. John's. There will be no compensation for use of any photograph or video at the time of publication or in the future.

Parent signature: _____ Date: _____

Contact Neal Abbott (nabbott@sj.org or 507-288-7372 Ext. 4503) or
Megan Rodriguez (mrodriguez@sj.org / 507 -288-7372 Ext. 4518)
with any other questions or concerns!

OFFICE USE ONLY: Parishsoft _____ Flocknote _____ Baptism Info on File _____ Paid _____