

John XXIII Catholic Community
Registration for Religious Formation
Kindergarten through 12th Grade

TODAY ' S DATE: _____

(choose an elementary session)

ELEMENTARY: Sunday 10:15 to 11:20am _____ **OR** Wednesday 5:30 to 6:35pm _____

MIDDLE SCHOOL: Wednesday 5:30 to 6:35pm _____ **HIGH SCHOOL**: Sunday 7:00 to 8:30pm _____

STUDENT: LAST NAME _____ MALE ___ FEMALE ___
(1) FIRST NAME _____ M.I. _____
DATE of BIRTH ____/____/____
GRADE LEVEL _____ SCHOOL _____

Please check sacraments received: **Baptism** ___ **Reconciliation** ___ **Eucharist** ___ **Confirmation** ___

STUDENT: LAST NAME _____ MALE ___ FEMALE ___
(2) FIRST NAME _____ M.I. _____
DATE of BIRTH ____/____/____
GRADE LEVEL _____ SCHOOL _____

Please check sacraments received: **Baptism** ___ **Reconciliation** ___ **Eucharist** ___ **Confirmation** ___

STUDENT: LAST NAME _____ MALE ___ FEMALE ___
(3) FIRST NAME _____ M.I. _____
DATE of BIRTH ____/____/____
GRADE LEVEL _____ SCHOOL _____

Please check sacraments received: **Baptism** ___ **Reconciliation** ___ **Eucharist** ___ **Confirmation** ___

STUDENT: LAST NAME _____ MALE ___ FEMALE ___
(4) FIRST NAME _____ M.I. _____
DATE of BIRTH ____/____/____
GRADE LEVEL _____ SCHOOL _____

Please check Sacraments received: **Baptism** ___ **Reconciliation** ___ **Eucharist** ___ **Confirmation** ___

CONTACT INFORMATION: HOME PHONE # _____
(Please include city & zip code) HOME ADDRESS _____
EMAIL ADDRESS _____

PARENT(S) FIRST NAMES: _____ CELL# _____ WORK # _____

NOTE IF LAST NAME IS DIFFERENT THAN CHILD'S LAST NAME: _____

RELIGION OF PARENT(S): _____

EMERGENCY CONTACT : _____ **Relationship:** _____ **Phone #** _____

VOLUNTEER: I AM ABLE TO HELP VOLUNTEER IN THE FOLLOWING AREAS: (Please note first name on the line)

Catechist: _____ Assistant Catechist: _____ Substitute: _____

Sacramental Receptions: _____ Music: _____ Misc. Office Help: _____

At John XXIII, our parishioners support Religious Formation through their Sunday contributions. Because of this, if you are a registered, and contributing member of John XXIII, there is no registration fee.

If you do not want to be registered at John XXIII, there is a \$40.00 fee per person.

This is to cover textbooks and supplies. If this is a hardship on the family, please speak to the Director.

(RELEASE FORM & MEDICAL INFORMATION ON THE BACK ...PLEASE COMPLETE & TURN IN)

John XXIII Catholic Community
Registration for Religious Formation
RECONCILIATION / EUCHARIST

TODAY'S DATE _____

ELEMENTARY: Sunday 10:15 to 11:20am _____ **OR** Wednesday 5:30 to 6:35pm _____
MIDDLE SCHOOL: Wednesday 5:30 to 6:35pm _____ **HIGH SCHOOL:** Sunday 7:00 to 8:30pm _____

NOTE: Please provide a copy of your child's baptismal certificate with this completed form if your child was Baptized outside of John XXIII Catholic Community! Sacraments cannot be celebrated if a copy is not turned in!

STUDENT: LAST NAME _____ MALE ___ FEMALE ___
(1) FIRST NAME _____ M.I. _____
DATE of BIRTH ____/____/____
GRADE LEVEL _____ SCHOOL _____

Please check sacraments received: Baptism ___ Reconciliation ___ Eucharist ___ Confirmation ___

STUDENT: LAST NAME _____ MALE ___ FEMALE ___
(2) FIRST NAME _____ M.I. _____
DATE of BIRTH ____/____/____
GRADE LEVEL _____ SCHOOL _____

Please check sacraments received: Baptism ___ Reconciliation ___ Eucharist ___ Confirmation ___

CONTACT INFORMATION: *MOTHER OF CHILD'S "MAIDEN" NAME:* _____
HOME PHONE # _____
(Please include city & zip code) HOME ADDRESS _____
EMAIL ADDRESS _____

PARENT(S) FIRST NAMES: _____ CELL# _____ WORK # _____
NOTE IF LAST NAME IS DIFFERENT THAN CHILD'S LAST NAME: _____
RELIGION OF PARENT(S): _____

EMERGENCY CONTACT : _____ Relationship: _____ Phone # _____

VOLUNTEER: I AM ABLE TO HELP VOLUNTEER IN THE FOLLOWING AREAS: (Please note first name on the line)

Catechist: _____ Assistant Catechist: _____ Substitute: _____
Sacramental Receptions: _____ Music: _____ Misc. Office Help: _____

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John XXIII Catholic Community
Registration for Religious Formation
CONFIRMATION

TODAY'S DATE _____ SESSION: _____

IS FAMILY REGISTERED AT JOHN XXIII CHURCH? YES: _____ OTHER: _____

NOTE: A copy of your child's baptismal certificate, (if baptized outside of John XXIII), is required in order to receive the sacraments! All sacramental preparation programs require prior Religious Formation.

STUDENT: FIRST NAME _____ MALE ___ FEMALE ___
(1) LAST NAME _____ M.I. _____
DATE of BIRTH _____ / _____ / _____
GRADE LEVEL _____ SCHOOL _____
Please check sacraments received: Baptism ___ Reconciliation ___ Eucharist ___ Confirmation ___

STUDENT: FIRST NAME _____ MALE ___ FEMALE ___
(2) LAST NAME _____ M.I. _____
DATE of BIRTH _____ / _____ / _____
GRADE LEVEL _____ SCHOOL _____
Please check sacraments received: Baptism ___ Reconciliation ___ Eucharist ___ Confirmation ___

CONTACT INFORMATION: **MOTHER OF YOUTH'S "MAIDEN" NAME:** _____
HOME PHONE # _____
(Please include city & zip code) HOME ADDRESS _____
Email ADDRESS _____

PARENT(S) FIRST NAMES: _____ CELL# _____ WORK # _____
NOTE IF LAST NAME IS DIFFERENT THAN CHILD'S LAST NAME: _____
RELIGION OF PARENT(S): _____

EMERGENCY CONTACT : _____ **Relationship:** _____ **Phone #** _____

VOLUNTEER: I AM ABLE TO HELP VOLUNTEER IN THE FOLLOWING AREAS: (Please note first name on the line)
Catechist: _____ Assistant Catechist: _____ Substitute: _____
Sacramental Receptions: _____ Music: _____ Misc. Office Help: _____

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(RELEASE FORM & MEDICAL INFORMATION ON THE BACK ...PLEASE COMPLETE & TURN IN)

If you have registered more than one child in the program, please note, only one completed *photo / video* release form is necessary for the whole family. On the medical questionnaire, just note the child 's first name next to any of the questions you answered "yes" to.

PHOTO / VIDEO RELEASE

I hereby give permission for my son/daughter to be photographed or videotaped at John XXIII Catholic Community for the year registered in Religious Formation. I realize the *photo/video* may be published in the bulletin or other parish publications. The photo/video may be used for informational, educational or promotional purposes regarding our Religious Formation program.

Important Note: Names of children will not be published.

Parent Signature: _____ Date: _____

MEDICAL QUESTIONNAIRE

If unable to reach the parent (s) or emergency contact person, please contact:

Name: _____ Phone: _____

Name of Physician: _____

Does your child have any physical, mental, or emotional concerns that we need to be aware of? If yes, please explain: _____

Is your child diabetic? Yes ___ No ___ Suffer from seizures? Yes ___ No ___

Is your child allergic to any foods or medicines? No ___ Yes ___ If yes, list them.

Does your child have difficulties with any of the following? (If so, please explain)

Asthma ___ ADD ___ ADHD ___ Autism ___ Hyperactivity ___ Eyesight ___
Reading ___ Writing ___ Speaking ___ Hearing ___ Other _____

Please list any medications your child is taking that we should be aware of:

I have read and completed the above information and certify that I have disclosed all medical information regarding my child (ren).

Name _____ Date _____

Parent//Guardian