



The Catholic Community of

St. John & Blessed Sacrament

DON'T DELAY!

RELIGIOUS EDUCATION SESSIONS 2017 ~ 2018

September 2017

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

Registration Questions & Answers

Q. When do I register?

A. As soon as possible. This is very important for planning purposes.

Q. How do I register?

A. **ONLINE registration is now available on our website: www.stjohndavison.org.** Printed forms are also available at the Parish office, Family Center, P.R.E.P. office, and on our website. Fill out one (1) registration form per family.

Q. Where do I send my registration?

A. Submit Online, return by mail, drop off at Family Center or Parish office, or drop in Sunday collection basket in envelope marked "P.R.E.P."

Q. Is there a discount for early registration?

A. Yes. Forms received by September 1, 2017 receive a \$10.00 discount per student.

Q. What is the cost of tuition?

A. *Forms received by Sept. 1, 2017* > \$50.00 / student [parishioner]; \$80.00 [non-parishioner]. *Forms received after September 1st* > \$60.00 /student [parishioner]; \$90.00 [non-parishioner] for all grades.

Q. Do I need to pay now?

A. No. Payments will be accepted beginning August 1, 2017. Please return forms now. Every student must be registered before attending classes.

A. Q. What payment forms are accepted?

A. Cash, Check, Credit Cards -- Discover, MasterCard, or Visa

Q. Can I make payments?

A. Yes. Contact the P.R.E.P. office at 810-653-4056.

Sessions begin week of September 17th and end with May Crowning, Sun., May 6, 2018

Freshman Welcome Wed., Sept. 20, 2017

Return your form TODAY!

Sunday

9:45 am - 11:00 am
at St. John
CGS (3, 4, 5 yr. olds & Kindergarten)
also
Grades 1 & 2

6:15 - 7:30 pm
at St. John
Grades 1-8

Sunday (RCIA)

10:00 am- 1:00 pm
at St. John
Family Center

Monday

2:30 - 4:00 pm
at Davison Middle School
Grades 5-8

Tuesday

4:15 - 5:15 pm
Singing Angels Choir
at St. John
in Church

5:30 - 6:45 pm
at St. John
CGS (3, 4, 5 yr. olds & Kindergarten)
also
Grades 1-8

Wednesday

6:00 - 8:00 pm
at St. John
Grades 9-12
(Youth Group & Confirmation)

Need further information? Call St. John P.R.E.P. Office, (810) 653-4056.



**ST. JOHN and BLESSED SACRAMENT
2017 - 2018 Religious Education
Registration Form**

E M E R G E N C Y C O N T A C T

Emergency Contact ~ (In addition to parents!)

Name: _____

Relationship to child: _____

Phone(s): Home: _____ Cell: _____

Additional "Ok To Pick Up" for all PK - 4 children ~

Name: _____

Name: _____

Name: _____

Name: _____

Date: _____

Family Last Name: _____

Family Email: _____

Mailing Address: _____

City/Zip: _____

Family Phone: _____ Home Cell

Registered at St. John Parish or Blessed Sacramento: Yes No

Parent / Guardian Info:

Last Name: _____ First Name: _____

Relationship to child: _____

Marital Status: _____ Religion: _____

Phones: Cell: _____ Work: _____

Last Name: _____ First Name: _____

Relationship to child: _____

Marital Status: _____ Religion: _____

Phones: Cell: _____ Work: _____

Birth mother name: _____

First Name Middle Name Maiden Name

Photograph Permission

During parish activities, photographs may be taken of you and/or your child(ren). **Publication may include first names in the bulletin, on the St. John website &/or Facebook pages.** If permission is granted, it will remain in effect until revoked in writing to the St. John P.R.E.P. office.

YES NO

Parent Name: (print) _____

Signature: _____

Date: _____

CHILD NAME: _____ First Last (if different from front)	BIRTHDATE: ____/____/____ (Circle one)	MALE	FEMALE
GRADE: _____	SESSION DAY / TIME:		
ALLERGIES / SPECIAL NEEDS: <i>(ie., Peanuts, Gluten, ADHD, etc.)</i>	BAPTISM DATE & PLACE:		

CHILD NAME: _____ First Last (if different from front)	BIRTHDATE: ____/____/____ (Circle one)	MALE	FEMALE
GRADE: _____	SESSION DAY / TIME:		
ALLERGIES / SPECIAL NEEDS: <i>(ie., Peanuts, Gluten, ADHD, etc.)</i>	BAPTISM DATE & PLACE:		

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GRADE: _____	SESSION DAY / TIME:		
ALLERGIES / SPECIAL NEEDS: <i>(ie., Peanuts, Gluten, ADHD, etc.)</i>	BAPTISM DATE & PLACE:		

CHILD NAME: _____ First Last (if different from front)	BIRTHDATE: ____/____/____ (Circle one)	MALE	FEMALE
GRADE: _____	SESSION DAY / TIME:		
ALLERGIES / SPECIAL NEEDS: <i>(ie., Peanuts, Gluten, ADHD, etc.)</i>	BAPTISM DATE & PLACE:		

KRISTAL BELLS SIGN UP: (Ages 5 - 9 yrs.)	SINGING ANGELS SIGN UP: (Grade 2 and above)
Name: _____ Age: _____	Name: _____ Grade: _____
Name: _____ Age: _____	Name: _____ Grade: _____
Name: _____ Age: _____	Name: _____ Grade: _____



St. John P.R.E.P. Office
505 N. Dayton St., Davison, MI 48423
Religious Education ~ CREDIT CARD PAYMENT FORM

DISCOVER MASTERCARD VISA

AMOUNT PAID \$

CARD #

EXP. DATE:

NAME ON CARD: *(PLEASE PRINT)*

SIGNATURE:

BILLING ZIP CODE: