

Date: _____

Family Last Name: _____

Family Email: _____

Mailing Address: _____

City/Zip: _____

Family Phone: _____ Home Cell

Registered at St. John Parish or Blessed Sacrament: 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

**ST. JOHN and BLESSED SACRAMENT
2021 - 2022 Religious Education
Registration Form -- all grades**



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: _____

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

FYI > We continue to follow the CDC & Diocese of Lansing guidelines for sanitizing and disinfecting all classrooms, etc. in the Family Center and Church properties.