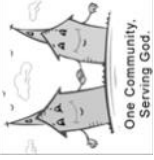


**ST. JOHN and BLESSED SACRAMENT
2020 - 2021 Religious Education
Registration Form -- all grades**



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 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

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.

Parent Name: (print) _____

YES NO

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:		

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:		

As we continue to follow the Diocese of Lansing guidelines for COVID, all students grades 5 through 12 MUST wear a mask.