

St. John the Evangelist  
**Faith Formation Registration for 2023-2024**  
*One Form Per Child*

Family Name: \_\_\_\_\_ Preferred Language: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Child's Full Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Grade in Fall: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ T-Shirt Size: \_\_\_\_\_

- ❖ \_\_\_\_ My Child was enrolled in religious education/faith formation last year (2022 -2023) at \_\_\_\_\_.
- ❖ \_\_\_\_ My child was **NOT** enrolled in religious education/faith formation classes last year.

HAS YOUR CHILD BEEN **BAPTIZED**? ☐ Yes ☐ No

Church / City of Baptism: \_\_\_\_\_

Has your child received First Holy Communion?  
☐ Yes ☐ No

Has your child received Confirmation?  
☐ Yes ☐ No

Dietary Needs or Allergies?

☐ YES ☐ NO

If YES, please explain:

Special Learning Needs

Father's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Father's Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Mother's Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Emergency Contact & Cell Number (other than parents listed above): \_\_\_\_\_

**Payment**

\$20 per child to cover the cost of the religious education curriculum and supplies. Due October 1.

Payment options is available as well as Financial Aide.

There is an additional charge for those in Sacramental Preparation Classes. \_\_\_\_\_ *inital*.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Only**

Date Received: \_\_\_\_\_ Receipt # \_\_\_\_\_ Program: Wed. RE Middle or High  
Scheduled Mtg: \_\_\_\_\_ Time: \_\_\_\_\_ Interviewer: \_\_\_\_\_

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**Photo Release**

☐ **YES** ☐ **NO** I grant permission to St. John the Evangelist to take photographs - film – videotapes and/or electronic representations of my child.

## PARENT HANDBOOK

\_\_\_\_ (Initial) I acknowledge that I have received and read the Parent Handbook for St John the Evangelist Catholic Church in Marble Falls. I understand that it is my responsibility to contact the Director of Faith Formation if I do not understand an item in the Parent Handbook.

## Medical Information and Release Form

In the event of illness or injury, I, the parent/guardian of \_\_\_\_\_ consent to whatever x-ray examination, anesthetic, medical, surgical, dental diagnosis, or treatment and hospital care considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

<b>Parent or Guardian Name</b>	<b>Alt. Phone #</b>
<b>Physician Name</b>	<b>Phone #</b>

List any allergies and/or medical conditions:

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In Case of an Emergency, and a parent cannot be reach, call:

**Name** (First and Last) \_\_\_\_\_

**Telephone #:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_