

# SAINT JOHN XXIII RELIGIOUS EDUCATION

20\_\_ / \_\_ GRADE entering in August \_\_\_\_\_ Today's Date \_\_\_\_\_

\$50 Processing fee non refundable. No tuition refunds after first class. \_\_

**STUDENT** \_\_\_\_\_ AGE \_\_\_\_ 9 MALE 9 FEMALE

First name

Last

Place of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_

**ADDRESS** \_\_\_\_\_, \_\_\_\_\_ **FL** \_\_\_\_\_ zip \_\_\_\_\_

**HOME PHONE** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **CELL PHONE** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Email** \_\_\_\_\_ @ \_\_\_\_\_

Please Print clearly

**Date of Baptism** \_\_\_\_\_ **Name of Church** \_\_\_\_\_, \_\_\_\_\_  
City. Country

**MOTHER** \_\_\_\_\_ **FATHER** \_\_\_\_\_

First

Last

First

Last

**MARITAL STATUS**  Married  Never Married  Divorced If divorced: shared custody? Yes \_\_\_\_\_ No \_\_\_\_\_

**Other children in program:** Name \_\_\_\_\_ Grade \_\_\_\_ Name \_\_\_\_\_ Grade \_\_\_\_

## **EMERGENCY CONTACT INFORMATION**

Name (other than parent ) \_\_\_\_\_ Phone \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name of Person other than a parent who may pick up child/children \_\_\_\_\_

My child is in high school and may walk home \_\_\_\_\_ *Parent Signature*

**MEDICAL ALERTS-** Any medical condition/medicines, etc \_\_\_\_\_

**ALLERGIES -** \_\_\_\_\_

## **OFFICE USE ONLY:**

**Tuition Amounts:** \$200 for 1 or 2 children **Sacrament fee** \$50 Confirmation each student  
\$50 each child after 2 \$50 Communion each student

**Family Service Hours** =10 Hours completed by Parish Service or purchasing items for Carnival or Parish Events/ for every \$5 spent =1hour.

Early Registration Discount \$20 (June only) only if paid in full.

Amount Paid \$ \_\_\_\_\_ Date \_\_\_\_\_