

# ST JOHN RELIGIOUS EDUCATION REGISTRATION **2018-19**

2099 North Hacker – Howell, MI 48855 517-546-7200

Is your family registered at St. John Church?  Yes  No

Child's Last Name \_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_  
(Include last name if different from child) (Include last name if different from child)

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Please circle which phone number is your primary contact

Father's Cell Phone \_\_\_\_\_ Mother's Cell Phone \_\_\_\_\_ other \_\_\_\_\_

**Email (all notices will be sent to this address):** \_\_\_\_\_

My child should be released to \_\_\_\_\_

**Please indicate your first and second choice.**

	<b>Sunday</b> 9:30 – 10:45 a.m. (pre-K – 8): _____	<b>Monday</b> 5:30 – 6:45 p.m. (pre-K – 8): _____
	<b>Tuesday</b> 5:00 – 6:15 p.m. (pre-K - 8 <sup>th</sup> ): _____	<b>Wednesday</b> 6:30 – 7:45 p.m. (1 - 8): _____

The Sunday RE provides an opportunity for parents to participate in adult faith formation. One parent is expected to attend the adult sessions throughout the year. Some children will be involved with choir and will be participating in our Christmas and Easter liturgy.

**Tuition:** One Child \$90  Two \$140  Three or more \$165  Non-Parishioner Fee \$170 per student

**Sacramental Fees - Check all that apply.**  
 1<sup>st</sup> Eucharist Fee \$30  Confirmation Fee \$30

Student	Grade attending in 2018	Last Grade completed in RE

To total your payment, fill in the amount in each row and total at the bottom.

<b>Fees for Students</b>	
<b>Sacramental Fees</b>	
<b>Amount of Financial Assistance Requested (Based on approval of director)</b>	
<b>-\$10 for Early Registration (before June 1)</b>	
<b>\$35 Late Fee after Sept 1</b>	
<b>Total</b>	

**next page →**



**PARENTAL PERMISSION** - I grant permission for the minor(s) named herein to participate in the Religious Education Programs of St. John Catholic Church. I agree, for myself and for the minor(s) named herein, to abide by the rules and directives of the responsible program supervisors.

\_\_\_\_\_  
Parent Name

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date Signed

**PHOTO PERMISSION** – I understand that photographs are periodically taken at St. John Catholic Church PUBLIC events for the purpose of promoting, advertising or historically archiving these events. Further, I understand that photographs may be posted on bulletin boards in the Parish bulletin, on the Parish website, and on parish social media (Facebook, Twitter). I grant permission for photos of my minor(s) to be used only in the ways mentioned above.

Agree/Approve

Disagree/Object

\_\_\_\_\_  
Parent Name

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date Signed

**Areas of interest for volunteering: (circle choice)**

**Teaching**

**Office**

**Classroom Assistant**

**Special Events**