



ST. JOHN THE EVANGELIST ~ 841 SHORE RD, P.O. BOX 1558, POCASSET, MA 02559 (508)563-5887

2019-2020 FAITH FORMATION REGISTRATION FORM

Deborah Boucher, Co-Director Faith Formation, x104 deborah@sjeparish.com (Gr 1-7)

Crystal Rogerson, Co-Director Faith Formation, x103 crystal@sjeparish.com (Confirmation)

PLEASE PRINT BOTH SIDES CLEARLY! INCOMPLETE FORMS CANNOT BE PROCESSED AND WILL BE RETURNED!

PARENT/GUARDIAN MAILING & CONTACT INFORMATION:

Today's Date _____ Who is the **Primary** Contact? Mother _____ Father _____ Other _____ (Specify) _____

Mr. _____ Mrs. _____ Mr. & Mrs. _____ Ms. _____ Last Name _____

Father First Name _____ Mother First Name _____ **Mother's Maiden** _____

Residential Street _____ Town _____ Zip _____

P.O. Box _____ Town _____ Zip _____

Home Ph _____ Mom Cell _____ Dad Cell _____

***Primary Email** _____ **Secondary Email** _____

**This is our primary means of communication. Please provide an accessible daytime email in the event a weather/class cancellation notice is sent.*

EMERGENCY CONTACT INFORMATION (IN CASE PARENT CANNOT BE REACHED):

First & Last Name _____ Relationship _____ Ph _____

REGISTRATIONS WILL BE ACCEPTED ON A FIRST-COME-FIRST-SERVED BASIS. SESSIONS WILL BE CAPPED.

PLEASE REGISTER AS SOON AS POSSIBLE!

CHILD(REN) INFORMATION:

Child #1 First Name _____ Middle Name _____ Last Name _____

Male _____ Female _____ Date of Birth _____ Birthplace **(City & State)** _____

Grade Entering in Sept. _____ School Attending _____

Church of Baptism **(Name, City & State)** _____ Date _____

Church of First Communion **(Name, City & State)** _____ Date _____

List Any Allergies _____ List Any Special Needs _____

Did this child attend Faith Formation, either here or at another parish, last year? _____ Yes _____ No

If registering for Gr. 1-5, select preferred day _____ Tuesday _____ Wednesday (Grades 6-7 meet Mondays; Confirmation I & II on Sundays)

Child #2 First Name _____ Middle Name _____ Last Name _____

Male _____ Female _____ Date of Birth _____ Birthplace **(City & State)** _____

Grade Entering in Sept. _____ School Attending _____

Church of Baptism **(Name, City & State)** _____ Date _____

Church of First Communion **(Name, City & State)** _____ Date _____

List Any Allergies _____ List Any Special Needs _____

Did this child attend Faith Formation, either here or at another parish, last year? _____ Yes _____ No

OVER

CHILD(REN) INFORMATION:

Child #3 First Name _____ Middle Name _____ Last Name _____
Male____ Female____ Date of Birth _____ Birthplace (City & State) _____
Grade Entering in Sept. _____ School Attending _____
Church of Baptism (Name, City & State) _____ Date _____
Church of First Communion (Name, City & State) _____ Date _____
List Any Allergies _____ List Any Special Needs _____
Did this child attend Faith Formation, either here or at another parish, last year? ____ Yes ____ No
If registering for Gr. 1-5, select preferred day ____ Tuesday ____ Wednesday (Grades 6-7 meet Mondays; Confirmation I & II on Sundays)

Child #4 First Name _____ Middle Name _____ Last Name _____
Male____ Female____ Date of Birth _____ Birthplace (City & State) _____
Grade Entering in Sept. _____ School Attending _____
Church of Baptism (Name, City & State) _____ Date _____
Church of First Communion (Name, City & State) _____ Date _____
List Any Allergies _____ List Any Special Needs _____
Did this child attend Faith Formation, either here or at another parish, last year? ____ Yes ____ No
If registering for Gr. 1-5, select preferred day ____ Tuesday ____ Wednesday (Grades 6-7 meet Mondays; Confirmation I & II on Sundays)

PHOTO RELEASE:

YES! I grant to the parish of **St. John the Evangelist** the right to take photographs of and/or to include my child(ren) registered for Faith Formation in the streaming video of the Mass and other events, and his/her property in connection with parish & organizational activities for the **2019-2020 Faith Formation year** I authorize **St. John the Evangelist** and/or the Diocese of Fall River, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that **St. John the Evangelist**, and/or the Diocese of Fall River may use such photographs and video images of my child with or without his/her FIRST name and for any lawful purpose, including but not limited to such purposes as publicity, illustration, advertising and web content.

I have read and understand the above photo/video release statement. ____ NO ____ YES

NO! I DO NOT grant **St. John the Evangelist** the right to take photographs of and/or include my child(ren) in the streaming video of the Mass and other events.

(PRINTED Name of Parent/Guardian)

(SIGNATURE of Parent/Guardian)

(Date)

REGISTRATION FEES:

Grades 1-7 = \$30/child **Confirmation I = \$40/youth** **Confirmation II = \$50/youth** Fees will not exceed \$85 per family with **3+** children!

Please make checks payable to St. John the Evangelist.

TOTAL DUE: _____

FOR OFFICE USE ONLY

Date Registration Rec'd: _____ Rec'd By: _____ Amt. Due: _____ Date Payment Rec'd: _____
____ Cash ____ Check #: _____

Baptism Verified: Yes: ____ No: ____ Date/Method Baptism Certificate Requested: _____ Email: ____ Phone: ____