

St. John the Evangelist Faith Formation and Confirmation Registration 2024/25

Last Name _____ Parish _____

Address _____ City _____ Zip code _____

Email Address _____ Phone _____

Name of Father _____ Cell _____ Religion _____

Name of Mother _____ Cell _____ Religion _____

(Please circle one phone number that you would like us to use for phone calls regarding cancellations etc.)

Child's Name	Date of Birth	Grade for 2024/25 school year	Check if BG or catholic school student	Please list any special needs that may help the teacher...food allergies, medical conditions, behavior issues.

Cost of Faith Formation per student is \$25.00 per year, please include check with registration.

Emergency Contact Name & Phone (Other than parent) We will contact a parent first if needed _____

Return forms in an envelope labeled Faith Formation. You can put the envelope in the collection basket, drop it off in the parish office, or mail it.