

2014 - 2015 FAITH FORMATION &/OR CONFIRMATION

St. John the Baptist Catholic Church ID# _____
Other (Indicate) _____

Faith Formation Classes

- ☐ K – 11 weekly/bi-weekly classes
☐ Youth Ministry

For Office Use Only

Family ID _____
Paid \$ _____ Check # _____
Cash _____

Parent Teaching Religious Ed:
Grade: _____

Family Name _____

Student Information: I am the legal guardian of this child/children
_____ (your signature required)

Student's Last Name: _____ First _____

Nickname _____ Phone _____

Address _____

Zip _____

**Email _____

Date of Birth _____ gender _____

School (2013-2014) _____

Grade _____ Religion Class Grade _____

Baptized: Yes No; Reconciliation: Yes No; Eucharist: Yes No; Confirmation: Yes No

Church of Baptism _____

Date of Baptism _____

We need a copy of Baptism Certificate and Birth Certificate on file in office

**Special Needs: allergies/illness/medication,
etc. _____

Student's Last Name: _____ First _____

Nickname _____ Phone _____

**Email _____

Date of Birth _____ gender _____

School (2013-2014) _____

Grade _____ Religion Class Grade _____

Baptized: Yes No Reconciliation: Yes No; Eucharist: Yes No; Confirmation: Yes No

Church of Baptism _____

Date of Baptism _____

We need a copy of Baptism Certificate and Birth Certificate on file in office

**Special Needs: allergies/illness/medication,
etc. _____

I _____ DO _____ DO NOT give permission for my child(ren)'s picture to be used in
media releases.

Parent/Legal Guardian

Signature _____

Please Print All Information

Parent / Legal Guardian Information

Father's Name _____
 Home Phone _____ Work Phone _____
 Cell Phone _____
 Address _____
 _____ Zip _____
 Email _____
 Marital Status _____

Mother's Name _____
 Home Phone _____ Work Phone _____
 Cell Phone _____
 Address _____
 _____ Zip _____
 Email _____
 Marital Status _____

Emergency Contact Name _____
 Phone _____ Relation to child _____

Please Complete the Following:

As a Catholic parent or guardian, I am formally registered in the Catholic Church Parish of _____ from the Catechism of the Catholic Church (CCC)2221-2226
 "The role of parents in education is of such importance that it is almost impossible to provide an adequate substitute." The right and duty of parents to educate their children are primordial and inalienable. Education in the faith *by the parents* should begin in the child's earliest years. They have the mission of teaching their children to pray and discover their vocation as children of God. The Parish is the Eucharistic community and the heart of the liturgical life of Christian Families."

With this understanding we participate in the stewardship of prayer in my parish, by at the least, weekly attendance at Sunday Eucharist. Yes No
 I understand stewardship of ministry to be part of my obligation as a Catholic parent and would like to be active in service to my parish. Please let me know of opportunities. Yes No

Public/Private School Students

Book Fee Kindergarten - Twelfth Grade

1 Child \$45.00 _____
 2 Children \$65.00 _____
 Family Rate \$75.00 _____
 ***Before June 30th

First Communion Candidates: First Communion fee is \$35

Confirmation Candidates 11th grade: Confirmation Fee is \$40.00 per student.

Total Enclosed _____

St. John the Baptist Catholic Church
 Attention: Religious Education Office
 4727 McHugh Dr. Zachary, La 70791

Student's Last Name: _____ **First** _____

Nickname _____ Phone _____

Address _____

Zip _____

****Email** _____

Date of Birth _____ gender _____

School (2013-2014) _____

Grade _____ Religion Class Grade _____

Baptized: Yes No Reconciliation: Yes No Eucharist: Yes No Confirmation: Yes No
Church of Baptism _____

Date of Baptism _____

We need a copy of Baptism Certificate and Birth Certificate on file in office

****Special Needs: allergies/illness/medication,**
etc. _____

Student's Last Name: _____ **First** _____

Nickname _____ Phone _____

Address _____

Zip _____

****Email** _____

Date of Birth _____ gender _____

School (2013-2014) _____

Grade _____ Religion Class Grade _____

Baptized: Yes No Reconciliation: Yes No Eucharist: Yes No Confirmation: Yes No
Church of Baptism _____

Date of Baptism _____

We need a copy of Baptism Certificate and Birth Certificate on file in office

****Special Needs: allergies/illness/medication,**
etc. _____

Student's Last Name: _____ **First** _____

Nickname _____ Phone _____

Address _____

Zip _____

****Email** _____

Date of Birth _____ gender _____

School (2013-2014) _____

Grade _____ Religion Class Grade _____

Baptized: Yes No Reconciliation: Yes No Eucharist: Yes No Confirmation: Yes No
Church of Baptism _____

Date of Baptism _____

We need a copy of Baptism Certificate and Birth Certificate on file in office

****Special Needs: allergies/illness/medication,**
etc. _____