

St. John XXIII Catholic Community Registration for Religious Formation  
**1st & 2nd Year Confirmation (8th grade students welcome into first yr.)**

This session meets Sunday 4:00 pm to 5:30 pm

TODAY'S DATE \_\_\_\_\_

IS FAMILY REGISTERED AT ST. JOHN XXIII CHURCH? YES: \_\_\_\_\_ OTHER: \_\_\_\_\_

**NOTE: Please provide a copy of your child's Baptismal certificate with this completed form if your child was Baptized outside of John XXIII Catholic Community! Sacraments cannot be celebrated if a copy is not turned in!**

**STUDENT:** LAST NAME \_\_\_\_\_ MALE \_\_\_ FEMALE \_\_\_

(1) FIRST NAME \_\_\_\_\_ M.I. \_\_\_\_\_

DATE of BIRTH \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

GRADE LEVEL \_\_\_\_\_ SCHOOL \_\_\_\_\_

Please check Sacraments received: Baptism \_\_\_ Reconciliation \_\_\_ Eucharist \_\_\_ Confirmation \_\_\_

Does your child have any physical, mental, or emotional concerns that we need to be aware of?

If yes, please explain: \_\_\_\_\_

Is your child diabetic? Yes No Suffer from seizures? Yes No

Is your child allergic to any foods or medicines? No Yes

If yes, list them. \_\_\_\_\_

Does your child have difficulties with any of the following? ( If so, please explain )

Asthma ADD ADHD Autism Hyperactivity Eyesight

Reading Writing Speaking Hearing Other

Please explain: \_\_\_\_\_

Please list any medications your child is taking that we should be aware of: \_\_\_\_\_

**STUDENT:** LAST NAME \_\_\_\_\_ MALE \_\_\_ FEMALE \_\_\_

(2) FIRST NAME \_\_\_\_\_ M.I. \_\_\_\_\_

DATE of BIRTH \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

GRADE LEVEL \_\_\_\_\_ SCHOOL \_\_\_\_\_

Please check Sacraments received: Baptism \_\_\_ Reconciliation \_\_\_ Eucharist \_\_\_ Confirmation \_\_\_

Does your child have any physical, mental, or emotional concerns that we need to be aware of?

If yes, please explain: \_\_\_\_\_

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**(CONTACT INFORMATION & RELEASE FORM ON THE BACK ...PLEASE COMPLETE & TURN IN)**

## CONTACT INFORMATION

HOME PHONE # \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

PARENT(S) FIRST NAMES: \_\_\_\_\_

CELL#(s) \_\_\_\_\_ WORK #(s) \_\_\_\_\_

NOTE IF LAST NAME IS DIFFERENT THAN CHILD'S LAST NAME: \_\_\_\_\_

RELIGION OF PARENT (S): \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

In an emergency, if unable to reach the parent(s), please contact:

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone #** \_\_\_\_\_

I hereby give permission for my child (ren ) to be photographed or videotaped at John XXIII Catholic Community for the year registered in Religious Formation. I realize the *photo/video* may be published in the bulletin or other parish publications. The photo/video may be used for informational, educational or promotional purposes regarding our Religious Formation program.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I have read and completed the above information and certify that I have disclosed all medical information regarding my child(ren). By signing below, I also certify that I understand the importance of this sacrament and that there are certain requirements that must be completed in order for my child (ren) to receive this Sacrament. I will also do my part in insuring that my child(ren) will be present at ALL classes, and other required events this year .  
(Confirmation Retreat, Rehearsal, etc.).

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

By signing below, I certify that I understand the importance of this sacrament and that there are requirements that I must complete in order to receive this Sacrament. I will also be present at ALL classes, and other required events this year (Confirmation Retreat, Rehearsal, etc.).

**Student ( s) Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**At John XXIII, our parishioners support Religious Formation through their Sunday contributions. Because of this, if you are a registered and contributing member of John XXIII, there is no registration fee.**

**If you do not want to be registered at John XXIII, there is a \$45.00 fee per person.**

**This is to cover textbooks and supplies. If this is a hardship on the family, please speak to the Director.**

### OFFICE USE ONLY

Full Name:

Father's Name:

Mother's Maiden Name:

Date of Birth:

Location:

Date of Baptism:

Location:

“additional student page”

**STUDENT:** LAST NAME \_\_\_\_\_ MALE \_\_\_ FEMALE \_\_\_  
(3) FIRST NAME \_\_\_\_\_ M.I. \_\_\_\_\_  
DATE of BIRTH \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
GRADE LEVEL \_\_\_\_\_ SCHOOL \_\_\_\_\_

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**STUDENT:** LAST NAME \_\_\_\_\_ MALE \_\_\_ FEMALE \_\_\_  
(4) FIRST NAME \_\_\_\_\_ M.I. \_\_\_\_\_  
DATE of BIRTH \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
GRADE LEVEL \_\_\_\_\_ SCHOOL \_\_\_\_\_

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