

ST. JOHN THE BAPTIST CHURCH
Religious Education Center
924 Main Road
P.O. Box 3328
Westport, Massachusetts 02790-0702
Telephone (508)636-5506 Fax (508)636-8306
E-mail: stjhnccd@sprintout.net

2017-2018 Registration Form

Family Last Name: _____ Home Phone: _____

Father's Name: _____ Cell Phone: _____

Mother's Name: _____ Cell Phone: _____

Mother's Maiden Name: _____ Email: _____

Custodial Parent, if different from above: _____

Home Address: _____

City/Town: _____ State: _____ Zip Code: _____

Student Name: _____ Birth Date: __/__/____
School: _____ Grade: (in Sept. 2017) _____

Student Name: _____ Birth Date: __/__/____
School: _____ Grade: (in Sept. 2017) _____

Student Name: _____ Birth Date: __/__/____
School: _____ Grade: (in Sept. 2017) _____

Student Name: _____ Birth Date: __/__/____
School: _____ Grade: (in Sept. 2017) _____

For all **NEW** and **GRADE ONE** students, please fill out the information below:

If your child has received the following sacraments:

Baptism: Church: _____ Location: _____ Date: _____

Holy Eucharist: Church: _____ Location: _____ Date: _____

Please attach Baptismal Certificate if your child was not baptized here at St. John the Baptist Parish.

If your child has any allergies/medical condition, list below.

If your child has any special needs, learning disabilities or physical disabilities, please let us know.

(This information is kept confidential)

Fees: 1 child \$35.00 _____ 2 or more children \$70.00 _____

I would like to be of service in the Religious Education Program as a:

Teacher _____ Teacher's Aide _____ Substitute Teacher _____ Teen Assistant _____ Office Aide _____

FOR OFFICE USE: Date Paid _____ Check# _____ Amount _____ Cash _____