

**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: stjohncd@sprintout.net

2019-2020 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. 2019) \_\_\_\_\_

Student Name: \_\_\_\_\_ Birth Date: \_\_/\_\_/\_\_

School: \_\_\_\_\_ Grade: (in Sept. 2019) \_\_\_\_\_

Student Name: \_\_\_\_\_ Birth Date: \_\_/\_\_/\_\_

School: \_\_\_\_\_ Grade: (in Sept. 2019) \_\_\_\_\_

Student Name: \_\_\_\_\_ Birth Date: \_\_/\_\_/\_\_

School: \_\_\_\_\_ Grade: (in Sept. 2019) \_\_\_\_\_

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 \_\_\_\_\_