



The Church of Saint John the Baptist

1282 Yardville-Allentown Road Allentown, NJ 08501

(609) 259-3391

www.StJohnRomanCatholic.org

Reverend Brian Patrick Woodrow, Pastor



March 14, 2017

Dear St. John's Religious Education Families:

First, I must start by thanking you all for everything you have done to make St. John the Baptist's Religious Education Program successful this year! It is already time to look forward to next year. To help our registration process go smoothly for all of us, please read this letter carefully.

We will be handling registrations in person again this year during regular CCD hours. Only completed packets with required fees and documents will be accepted. Your child will not be placed in class until all forms are completed fully and received with required fees.

You must complete *all three forms* in the registration packet for *each child you are registering* and include the registration fee. Remember that *no registrations will be accepted without all forms completed and fee.* The required forms include the 2-page registration form as well as an emergency contact form for each child.

We will accept registrations during regular CCD hours beginning Sunday March 26th and continuing through April 4th. If you are unable to attend the registration session, all registrations should be submitted before May 1, 2017. After that time, fees will increase.

When scheduling your child please consider other obligations. Children cannot miss religious education classes for sports and other extracurricular activities. There are sufficient times available to avoid conflicts, including the flexible Homestudy Online Program for grades 1 and 3-6. Seventh graders can no longer choose the online option, as the Confirmation preparation will begin in grade 7. Each child enrolled in a weekly class is permitted to miss only three classes, unless there are extenuating circumstances, so plan accordingly.

We prefer to limit the number of children to fifteen or less in each classroom; therefore, you are required to list a second choice. All class assignments will be done on a first come first serve basis at the end of the registration period.

Your prayers and support contribute to the success of our program for your child. With God's blessing and your help, we are looking forward to providing the best Catholic Faith Formation we can. If you have any questions please do not hesitate to call the office 609-259-3586.

God Bless You,

Patricia Livecchi
Coordinator of Religious Education

ST. JOHN THE BAPTIST RELIGIOUS EDUCATION REGISTRATION FORM 2017-2018

1282 Yardville-Allentown Road

Allentown, New Jersey 08501

(609) 259-3586 email: sjbreled@optimum.net Website: www.St.JohnRomanCatholic.org

PLEASE PRINT CLEARLY

STUDENT NAME: _____ Date of Birth _____

ADDRESS _____ TOWN _____ ZIP _____

HOME PHONE () _____ CELL PHONE () _____

E-MAIL: _____ SCHOOL DISTRICT _____

CHECK ONE: RE-REGISTRATION _____

NEW REGISTRATION** _____

****New Registrants: PLEASE PROVIDE CERTIFICATE OF BAPTISM AND SACRAMENT RECORDS
PLEASE PROVIDE PREVIOUS RELIGIOUS EDUCATION RECORD**

Indicate class choices below. You must list and be available for a second choice class

GRADE LEVEL IN SEPTEMBER	In Class First Choice	In Class Second Choice* *You must list a second choice.	Home Study On-Line Program	Home School Family-Child does not attend school	Siblings in CCD	
					First Name	Grade

Grades 2, 6-8

Sunday
10:15-11:30 a.m.

Grades 1-4

Monday
5:00-6:15 p.m.

Grades 5-8

Monday
7:00-8:15 p.m.

Grades 1-5

Tuesday
4:30-5:45 p.m.

Grades 6-8

Tuesday
7:00-8:15 p.m.

All class sessions dependent on catechists' availability and adequate enrollment.

Registration Fee for all programs: \$90 for one child/\$160 for two children/\$200 maximum per family.

Registration forms will not be accepted without payment and a complete set of forms for each child.

Please make checks payable to St. John the Baptist. Return completed forms and Registration Fee to the Religious Education Office or Parish Office. ***If, for any reason, you are unable to pay, please contact the Parish Office. Late fee of \$25.00/child goes into effect May 1, 2017 for re-registrants.***

PARENTAL OBLIGATIONS:

- ATTEND THE FIRST CLASS FOR ORIENTATION
- TAKE CHILDREN TO MASS WEEKLY
- PROVIDE ONGOING, WEEKLY INSTRUCTION AND REVIEW OF ASSIGNED MATERIALS
- READ AND SIGN PARENT HANDBOOK
- BE REGISTERED PARISHIONERS OF ST. JOHN THE BAPTIST CATHOLIC CHURCH

I UNDERSTAND THAT AS PART OF MY CHILD'S ACCEPTANCE INTO THE RELIGIOUS EDUCATION PROGRAM, I AM REQUIRED TO FULFILL MY OBLIGATIONS LISTED ABOVE. (Forms cannot be accepted without a signature)

Parent/Guardian Signature _____

TO BE COMPLETED BY OFFICE

Paid: Cash Check # _____ Date Received _____ Initials _____

Student _____
Last Name/ First Name

PERMISSION REGARDING PHOTOGRAPHS

Initial all that apply:

_____ I give my permission for my child to participate in group class photos, and I understand that they will be on display in our Education Building.

_____ I give my permission for my child to be photographed during regular Religious Education activities, and I understand that they will be displayed in our Religious Education Building.

_____ I do not want pictures taken of my children.

****Parent/Legal Guardian Signature:** _____ **Date:** _____

FAMILY INFORMATION

Mother's Name: _____ Work Phone: (____) _____
Last Name / First Name

Maiden Name: _____ DECEASED ____

Religion: _____

Father's Name: _____ Work Phone: (____) _____
Last Name / First Name

Religion: _____ DECEASED ____

Legal Guardian, if different than above:

Name: _____ Home Phone: (____) _____
Last Name / First Name

Address: _____ Work Phone: (____) _____
Street

Town State Zip

Health Information

Does your child have special learning needs? (Learning Disability or IEP) _____

Other – Please Explain: _____

If your child has any medical conditions please explain: _____

Are there any other special instructions? (i.e. dismissal, transportation, etc.) _____

Are there any custodial issues? YES ____ NO ____ If yes, please explain: _____

****Parent/Legal Guardian Signature:** _____ **Date:** _____

Student _____
Last Name/ First Name

EMERGENCY CONTACT INFORMATION

Parent/Guardian's Name: _____
Last First Middle

Address: _____
Street Town State Zip

Home Phone: (____) _____ Cell Phone: (____) _____

Work Phone: (____) _____ EMAIL: _____

Please indicate below the person/s to be contacted in the case of an emergency (when the parent/guardian/spouse cannot be reached Please include the best phone number to contact):

A. Name: _____ Phone: (____) _____

Address: _____ Town: _____

Relationship: _____

B. Name: _____ Phone: (____) _____

Address: _____ Town: _____

Relationship: _____

C. Name: _____ Phone: (____) _____

Address: _____ Town: _____

Relationship: _____

Are there any health conditions of which we should be aware? If so, please explain: _____

Parent/Legal Guardian Signature: _____ Date: _____