

**St. John the Evangelist**  
**RELIGIOUS EDUCATION REGISTRATION 2014-2015**

**Registration Fee:**

Please make checks payable to: **St. John the Evangelist**

**Individual \$25.00 ~ Family \$75.00 (three or more)      TOTAL \_\_\_\_\_**

\*Scholarships are available. Please contact parish office: 223-2176

Parent Information: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail Address of Parent (s): \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Work/Cell: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**STUDENT INFORMATION:**

Any student seeking sacramental preparation for First Communion\Reconciliation or Confirmation will also need to be enrolled in Faith Formation Classes. **Parent's: if your child is enrolled in one of our sacramental preparation program, we strongly encourage you to attend mass at St. John's**

1. M / F \_\_\_ Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

1st Communion: \_\_\_ (2nd grade or older) Date Baptized: \_\_\_\_\_ Church & address: \_\_\_\_\_

Confirmation: \_\_\_\_\_ (9 -12) 1st Communion: \_\_\_\_\_ Church & address: \_\_\_\_\_

2. M / F \_\_\_ Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

1st Communion: \_\_\_ (2nd grade or older) Date Baptized: \_\_\_\_\_ Church & address: \_\_\_\_\_

Confirmation: \_\_\_\_\_ (9 -12) 1st Communion: \_\_\_\_\_ Church & address: \_\_\_\_\_

3. M / F \_\_\_ Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

1st Communion: \_\_\_ (2nd grade or older) Date Baptized: \_\_\_\_\_ Church & address: \_\_\_\_\_

Confirmation: \_\_\_\_\_ (9 -12) 1st Communion: \_\_\_\_\_ Church & address: \_\_\_\_\_

4. M / F \_\_\_ Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

1st Communion: \_\_\_ (2nd grade or older) Date Baptized: \_\_\_\_\_ Church & address: \_\_\_\_\_

Confirmation: \_\_\_\_\_ (9 -12) 1st Communion: \_\_\_\_\_ Church & address: \_\_\_\_\_

If your child has any **ALLERGIES** or special needs we should be aware of, please indicate below.

*Child's Name Allergies or Special Needs* \_\_\_\_\_

**Permission/Medical Release\To Photography**

The above mentioned participants are permitted to participate in the activities planned at the St. John's Parish Faith Formation including any activities that the youth may need to be transported to outside the facilities for the year 2014-15, such as bingo, community service projects or movies, etc. I/We understand that reasonable precaution will be taken to safeguard the health and safety of the participant) and that the designated emergency contact person will be notified as soon as possible in case of emergency. In the event of any sickness or accident, person(s) will not hold St. John the Evangelist Church, the Diocese of Rapid City, any volunteer, chaperone, or driver responsible. I/We authorize and consent that emergency treatment be rendered under the general or specific supervision and on the advice of any physician, dentist, or surgeon; licensed to practice in the State of South Dakota or any other state. The undersigned understands and agrees that any medical, dental, or hospital expense incurred shall be at their own expense. The undersigned understands every effort will be made to notify the emergency contact in the event that treatment is necessary. Without compensation, I hereby grant permission to the Diocese of Rapid City & St. John The Evangelist Catholic Church, of Ft. Pierre, SD to use and reproduce photographs of me or my child. These photographs may be used for news and editorial purposes in publications, electronic reproductions (websites), and/or brochures. In addition, I grant my permission to alter the same photos without restriction and to copyright the same. I hereby release the photographer, the journalists, and the publications or media outlets they represent as well as the Diocese of Rapid City, from all claims and liability relating to said photographs.

Parent Signature: \_\_\_\_\_

