St. John Religious Education Registration Form-2016/2017

Student information	F:N.	D. CD. d
Last Name:	First Name: _	Date of Birth:
Street Address:		Male or Female please circle
Town:	Zip Code: _	
Home Phone:		
Parent/ Guardian information		M 4 2
Father's name:		Mother's name:
Emergency phone number:		Emergency phone number:
Family Email address:		
Will you: Teach, Aide, Sub, Hall Mor Circle all that apply		Days available to help:
2016/2017 Grade Level:		Choice of Day:
Grade 9 & 10 meets on Sunday – Grade 9 from 5:30-6:30 and Grade 10 from 7:00-8:00 Please tell us of any allergies, special needs or concerns you have with your child.		
Registration Fee: \$150 for 1 child; \$200 for 2 children; \$250 for 3 or more children. Additional fees for sacramental programs: \$50 for Grade 2; \$75 for Grade 9; \$50 for Grade 10 (Confirmation)		
•	_	ce hours – Tue through Fri 9:00-4:00 or b: St. John – CCD Office 210 Central St. East Bridgewater, MA 02333
8/31/15. Payment is due at time of reg	gistration. We offer p	nere will be a late fee of \$25.00 for any received after payment plans for everyone needing one. We now a first come/first serve basis. Assignment of classes will
My child has my permission to attend	Religious Education	classes at St. John Parish.
Signed:		Date: