



Saint John Bosco Religious Education for Children (PREP)
New Registration Form

Registration Date _____

Family Information (Please print. Please be sure to fill out both sides of form. Thank you)

Father's Name _____ Religion _____
(Last) (First)

Mother's Name _____ Religion _____
(Last) (Maiden) (First)

Are you a parishioner? ____ (You must be a registered parishioner of Saint John Bosco or have a letter of permission from the parish where you are registered to attend class here.)

Please circle: Single Married (in the Catholic Church) Married (outside the Catholic Church)
Separated Divorced Widowed Remarried

Child(ren) lives with: Mom & Dad Mom Dad Grandparent Other _____

How should mail be addressed? (Please circle one) Mr. & Mrs. Mr. Mrs. Ms.

Home Address: _____
(Street) (City) (Zip)

Home Phone # _____ E- mail _____

Dad's Work or Cell # _____ Mom's Work or Cell # _____

Should mail be sent to a different/additional address than above? _____ If yes, what address?

Address #2 _____

Custody: Are there any custody/legal issues? ___ Yes ___ No
(If yes, please provide a complete copy of the latest court order)

Emergency contact: name, relationship & phone # (if we are unable to reach you, who should we contact?)

For first time registrations, a copy of the Baptismal Certificate is needed for each child. Thank you!

Name of person responsible for Religious Ed if not a Parent or Legal Guardian _____
(Please provide a signed, dated letter of permission which will be kept on file & updated annually)

___ I give permission for my child's name or image to appear on the Parish Website, Parish Facebook Page, Parish Bulletin or Liturgies associated with the Religious Ed Program.

(1) Child's Information

Name _____
(Last) (First) (Middle)

Date of Birth _____ Place of Birth _____ M/F _____

Public School Grade in September 2021 _____ School Attending _____

Did child have religious instruction in 19/20? _____ Where? _____ What Level? _____

Sacraments	Month/Day/Year	Church	City
Baptism			
Reconciliation			
Communion			

Preferred Week Summer Program
_____ 6/21 to 6/25 (8am – 1pm) OR _____ 6/28 to 7/2 (8am – 1pm)

(2) Child's Information

Name _____
(Last) (First) (Middle)

Date of Birth _____ Place of Birth _____ M/F _____

Public School Grade in September 2021 _____ School Attending _____

Did child have religious instruction in 19/20? _____ Where? _____ What Level? _____

Sacraments	Month/Day/Year	Church	City
Baptism			
Reconciliation			
Communion			

Does the child have any special health or learning needs? Any allergies?

Also please indicate if the child is in special education classes. Please indicate on Emergency form.

Preferred Week Summer Program
_____ 6/21 to 6/25 (8am – 1pm) OR _____ 6/28 to 7/2 (8am – 1pm)

*Please note: 3rd & 6th level Sacramental PREP students will also attend 1 Sunday a month. No need to register separately for this. It will be added to each student schedule. A Registration fee for the Sacraments of Confirmation and First Eucharist is required to cover material costs. Amount TBD. *

For office use only:			
Date of Payment	Amount	Check#	Received By:
____/____/____	\$ _____	_____	_____
____/____/____	\$ _____	_____	_____

<p>Please contact our office for Registration Fee for Non-Parishioners Thank you.</p>
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REGISTRATION FEES: One Child \$235; 2 Children \$300.00; 3 Children \$350.00; Each Additional \$50.00
