

**Complete form, print and drop-off at the Faith Formation Office in the Parish Center
— OR —
email it to prep@saintjohnbosco.org**



Saint John Bosco Children Faith Formation

REGISTRATION FORM

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

Registration Date _____

(1) CHILD'S INFORMATION

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

Name: _____
(Last) (First) (Middle)

Date of Birth _____ Place of Birth _____ Sex: _____

Public School Grade in September 2024 _____ School Attending _____

Did child have religious instruction in 22/23? Where? _____ What Level? _____

Sacraments	Month/Day/Year	Church	City
Baptism			
Reconciliation			
Communion			

Preferred Week Summer Program

6/17-6/21 (8am – 1pm) — OR — 6/24-6/28 (8am – 1pm)

Race American Indian/Native Alaskan Asian White Black/African American
 Native Hawaiian/Pacific Islander Two or more races Other Prefer not to answer

Ethnicity Hispanic/Latino Non-Hispanic/Latino

(2) CHILD'S INFORMATION

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

Name: _____
(Last) (First) (Middle)

Date of Birth _____ Place of Birth _____ Sex: _____

Public School Grade in September 2024 _____ School Attending _____

Did child have religious instruction in 22/23? Where? _____ What Level? _____

Sacraments	Month/Day/Year	Church	City
Baptism			
Reconciliation			
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Preferred Week Summer Program

6/17-6/21 (8am – 1pm) — OR — 6/24-6/28 (8am – 1pm)

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FAMILY INFORMATION (Please print)

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

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

Are you a parishioner? (You must be a registered parishioner of SJB 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: (Please check one) Mom & Dad Mom Dad
 Grandparent Other _____

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

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

Best Phone # _____ E- mail _____

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

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, 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?):

_____	_____	_____
Name	Relationship	Phone

Consent for Medical Care: I give permission that, in my absence, my child(ren) whose names appear on this form, may receive emergency medical care for injuries & all situations that should occur while participating in the Faith Formation Program & activities at SJB Parish.

Signed: Parent or Legal Guardian: _____ Date: _____

Medical / Learning Data

If any of the following apply to your child, please list his/her name & give details in the appropriate spaces.

Medical Conditions or Allergies (describe below if you can)	<input type="checkbox"/> No	<input type="checkbox"/> Yes: details _____
Prescribed Medications	<input type="checkbox"/> No	<input type="checkbox"/> Yes: details _____
Learning Support Services or Disability	<input type="checkbox"/> No	<input type="checkbox"/> Yes: details _____
IEP Individualized Educational Plan	<input type="checkbox"/> No	<input type="checkbox"/> Yes: details _____
Immunization: Are your child's vaccinations up to date?	<input type="checkbox"/> No	<input type="checkbox"/> Yes: details _____

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 FB Page, Parish Bulletin or Liturgies associated with the Faith Formation Program.

<p>For office use only:</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 25%;">Date of Payment</td> <td style="width: 25%;">Amount</td> <td style="width: 25%;">Check#</td> <td style="width: 25%;">Received By:</td> </tr> <tr> <td>____/____/____</td> <td>\$ _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>____/____/____</td> <td>\$ _____</td> <td>_____</td> <td>_____</td> </tr> </table>	Date of Payment	Amount	Check#	Received By:	____/____/____	\$ _____	_____	_____	____/____/____	\$ _____	_____	_____	<p>Registration Fee for Non-Parishioners \$300.00 per child</p>
Date of Payment	Amount	Check#	Received By:										
____/____/____	\$ _____	_____	_____										
____/____/____	\$ _____	_____	_____										

REGISTRATION FEES: One Child \$250.00; 2 Children \$315.00; 3 Children \$365.00; Each Additional \$65.00
 A late fee will apply after May 8th \$75.00 per family