

Religious Education/Faith Formation (2023-2024)

Name/Address Information

Father's Name: _____ Mother's Name: _____

Student lives with (please circle): Both parents.....Mother....Father....Other: _____

Home Address: _____
Street City State Zip Code

Home Telephone: _____

Father's Cell Phone: _____

Mother's Cell Phone: _____

Family Email Address: _____

Parish Information

Are you a registered member of St. John Bosco Church? Yes ____ No ____

Are you a registered member of St. Joseph Church? Yes ____ No ____

If no, please list name and address of Parish or Church you are registered members of:

Household Information (B=Baptism, R=Reconciliation, E=Eucharist, C=Confirmation)

Children/Students **Grade** **Birthdate** **Sacraments Received**

Children/Students	Grade	Birthdate	Sacraments Received

Baptismal Information:

Please list those who were baptized at St. John Bosco or St. Joseph Church. If **NOT** baptized at either listed parish **or if new to program a Baptismal Certificate MUST BE PROVIDED:**

Photographic Permission...(Please sign)

I give permission for photographs. Pictures may be posted on the Parish’s bulletin board, used in house, and/or parish websites. No names will be used to identify children.

I understand that the photographs will be used only for what is indicated above and will not be sold to any agency, news organization or outside group.

(Signature of Parent/Guardian) (Date)

Health, Medical, and Special Needs Information: (List health conditions, medications, educational or behavioral needs...any other information you feel we need to know. If none, please list NONE. All information is confidential; if more space is needed, please attach an additional sheet.)

Name of Child: _____

Name of Child: _____

Name of Child: _____

Emergency Contact/Information: If your child becomes ill or is injured while attending RE Classes at St. John Bosco, we will always try to contact the Parents (or Guardians) first...however, if unable to reach you...please list the name of someone else we can call:

Name; _____ Relationship: _____ Phone #: _____

I authorize the staff of St. John Bosco church to seek emergency medical care for my child, as deemed appropriate.

Our Doctor of preference: _____ **Phone #:** _____

Hospital Preference: _____

Who is authorized to pick up your child(ren): _____

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

Registration Form (continued):

If paying Religious Ed fees by check please make checks payable to St. John Bosco Church.
(Place in envelope and put Religious Education and your name on the front.)

* *Payments can be dropped off at the St. John Bosco or St. Joseph Parish Office during the week (8:00 a.m.-2:00 p.m.); dropped in the Sunday collection basket, or given to your child's Catechist on RE class days.

Classes will be every Sunday from 9:00-10:15 a.m. at St. John Bosco (a yearly calendar will be handed out at the first class of the 2023-2024 Religious Education Year).

ALL CHILDREN ARE REQUIRED TO ATTEND MASS ON EITHER SATURDAY EVENING (at St. John Bosco) OR SUNDAY (7:30 a.m. or 10:30 a.m. at St. John Bosco, when RE classes are scheduled, or at the 9:00 a.m. Mass at St. Joseph, when RE classes are not being held.

Please read and sign below:

My child(ren) will be attending classes and Mass as part of the program and I am committed to assisting my child(ren) in achieving the requirements of the program.

I am also aware that grades will be required to do Service Hours as needed

Parent Signature(s): _____

Date:

Please call or email Vickie Blackwood (office, 219-844-9027 or cell, 219-951-8935; email: sjbreigion@comcast.net) with any questions.