2023-2024 Faith Formation Registration

St. John The Evangelist 1001 Main St East Girard, PA 16417 814-774-4061



Holy Cross 7100 West Lake Rd Fairview, PA 16415 814-454-2605

Holycross.stjohnfaithformation@gmail.com

Family Last Name		Home Phone Nu	mher						
Family Last Name									
Address		City, State & Zip							
Email	I would like to receive emailsYesNo								
		Parent's Sac. Info, "x" if rec'd							
Father's First & Last Name Re	ligion	Parish/Church	-	Вар	Recon	Euch	Conf		
Mother's First, Last & Maiden Name	/Religion	Parish/Church							
								_	
Child(ren) live with Both parents Mo	ther: Custody	100% 50%	Father	100)%	50%			
If children do not live with both parents, does the Should the non-custodial parent be kept informed									
non-custodial parent have permission to pick the of all activities of the Religious Education Program?									
child up? Yes No No Yes (Provide address below)									
Is this by mutual agreement or court order?									
Agreement Court Ordered									
Please fill out child information on back									
2023-2024 Book & Materials Fee									
Please make checks out to home parish									
One Child: \$50.00	Child: \$50.00 For assistance or waiver please contact								
Two Children: \$75.00 the Religious Education office									
Three or More Children: \$100.00									
Non Parishioner: \$75.00 per child*		\$20 Cd	onfirma	ition Fe	e				
*Must have written permission of home parish's pastor before attending									

The Diocese of Erie requires that each student watch an age appropriate, safe environment training video. If you would like

your child to not attend the training, please sign on the line _

Child's Information		2023-2024 School Year						
All Information Will Be Kept Strictly Confidential; It Is For Faith Formation Use Only								
Full Name	School	Grade						
Age Birthdate	_							
Please "x" if receivedBaptism	Reconciliation	Communion						
If you did not receive a sacrament at St. John's or Holy Cross please provide a copy of the certificate								
Describe any emotional or physical needs that impact learning								
Please list any allergies								
Please list any regular medications								
Full Name	School	Grade						
Age Birthdate	_							
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Describe any emotional or physical needs that impact learning								
Please list any allergies								
Please list any regular medications								
Emergency Contact								
Name:		ip						
Phone number								
Name:Phone number		ip						
	v							