

**FAITH FORMATION REGISTRATION FORM 2017-2018**  
**CHURCH OF ST. JOHN THE BAPTIST AND TRANSFIGURATION PARISH**  
210 East Dominick St.  
Rome, NY 13440  
315-337-0990  
[www.stjohnbaptist.info](http://www.stjohnbaptist.info)

LAST NAME OF CHILD(REN) \_\_\_\_\_

ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_

CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

EMAIL \_\_\_\_\_

For text message: Ph: \_\_\_\_\_ Text Message Provider \_\_\_\_\_  
(ex. - txt.att.net, message.alltel.com, cingularme.com,  
mms.mycricket.com, tmomail.net, vtext.com...)

We are currently registered at St. John the Baptist Catholic Parish Y N  
(if N indicate home parish) \_\_\_\_\_

**PARENT GUARDIAN INFORMATION**  
PLEASE INCLUDE COMPLETE INFORMATION FOR BOTH PARENTS

**FATHER/STEPFATHER/MALE GUARDIAN(CIRCLE ONE)**

NAME \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

RELIGION \_\_\_\_\_ MARITAL STATUS \_\_\_\_\_

**MOTHER-STEPMOTHER/FEMALE GUARDIAN (CIRCLE ONE)**

NAME \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

RELIGION \_\_\_\_\_ MARITAL STATUS \_\_\_\_\_

**\*PLEASE INDICATE THE PHONE NUMBER WHERE YOU CAN BE  
REACHED DURING CLASS TIME\*** \_\_\_\_\_

**EMERGENCY INFORMATION**

In cases of emergency **Parent/Guardian** will be contacted at the number listed above. In the event the **Parent/Guardian CANNOT BE REACHED** the following person is authorized to pick up my child:

NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

RELATIONSHIP TO CHILD \_\_\_\_\_

**FAITH FORMATION CLASSES OFFERED AT THE FOLLOWING TIME:**

K-6<sup>th</sup> grade                      Thursday                      4:00-5:15pm

**REGISTRATION FEE**

**\$30 per child, \$40 for two children and \$50 for three or more children. Please make check payable to St. John the Baptist Religious Education.**

**STUDENT INFORMATION**

Student name \_\_\_\_\_ Sex M or F  
Date of Birth \_\_\_\_\_ Returning Faith Formation Student \_\_\_\_\_  
Grade this year \_\_\_\_\_ School \_\_\_\_\_  
List the Sacrament(s) student needs to prepare for \_\_\_\_\_  
Baptism church \_\_\_\_\_ 1<sup>st</sup> Penance \_\_\_\_\_ 1<sup>st</sup> Communion \_\_\_\_\_  
Health Problems \_\_\_\_\_  
Special learning needs/difficulties \_\_\_\_\_  
\*INDICATE YOUR CHOICE FOR INSTRUCTION \_\_\_\_\_ \*

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