

Faith Formation Registration 2018-2019
St. John Parish / 5 St. John Court / Cromwell, CT 06416
Faith Formation Office (860) 635-5156

PLEASE COMPLETE ALL INFORMATION ON THIS FORM AND RETURN IT BY MAIL, ALONG WITH PAYMENT, TO THE ABOVE ADDRESS NO LATER THAN JULY 31, 2018
(IF FOR SOME REASON YOU ARE NOT ABLE TO MAKE PAYMENT AT THIS TIME, PLEASE RETURN THIS SHEET AND CONTACT THE FAITH FORMATION OFFICE)

THE FAMILY MUST BE REGISTERED MEMBERS OF ST. JOHN CHURCH BEFORE A CHILD CAN BE ENROLLED IN FAITH FORMATION CLASSES. PLEASE CALL 860-635-5590 TO OBTAIN INFORMATION REGARDING REGISTRATION.

(Please print clearly)

Parent(s) Name _____ Maiden Name _____

Address _____ Town _____ Zip _____

Additional Mailing Name and Address: _____

Home Telephone Number _____ Mother's work and/or cell _____

Father's work and/or cell _____

E-mail address:

Mother _____ Father _____

Are you a registered member of St. John Parish Yes No In Process

If a divorced/separated family, who is legally responsible for decisions re: children?

Please check one: only mother only father mother or father

Student Full Name(s)	Gender	FF Grade Fall '18-19	Date of Birth	Date & Church of Baptism
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

For students not Baptized at St. John, Cromwell, please submit a copy of your child's Baptismal Certificate with this registration form (not necessary if you have already provided one).

Are there any requests/problems/ allergies /or situations we should be made aware of? Please specify.

*****I give permission for my child's picture to be shown on the Parish's website and/or any other display used for St. John Church's use only _____.**

Parent Signature

\$25.00	\$100.00	\$125.00	\$150.00
Preschool	1 Child (Gr. 1-10)	2 Children (Gr. 1-10)	3 or more children (Gr. 1-10)

For Office Use Only:

Date Paid ___/___/___ Amt Paid \$_____ Check# _____ Cash _____ Amt Owed _____