



ST. JOHN THE BAPTIST PARISH SCHOOL OF RELIGION
REGISTRATION FORM 2023 / 2024

Child's First Name: _____ Child's Last Name: _____

Date of Birth: _____ Sex: _____ Grade: _____

Parent Name(s)/Guardian: _____

Primary Contact Phone #: _____ Email Address: _____

Primary Address: _____

Emergency Contact (non parent): _____ Phone #: _____

Home Parish: _____ Parish of Baptism _____

Does your child have any medical conditions, allergies, learning challenges or special needs?

Payment: _____ Check Amount _____ Check No. _____ Cash Payment _____

Baptismal Certificate Copy provided? (Y or N) _____ (Not needed if baptized at Saint John's)

PUBLICITY RELEASE

I hereby expressly grant to the St. John's Catholic Parish School of Religion, and or the Diocese of Belleville the right, privilege and license to use my child's picture or likeness in any photograph, movie, video production or any other forms of media production and to use the child's verbal written statements or declarations for the purpose of publicizing, fostering and promoting St. John's Catholic Parish School of Religion and its programs or for any other purpose in furtherance of the mission statement of St. John's Catholic Parish School of Religion.

SIGNATURES OF AGREEMENT

I/We acknowledge that I/we have read and agree to all terms set forth in this agreement.

Please Sign:

Parent/Guardian _____ Date _____

Parent/Guardian _____ Date _____

Please List Any Other Children in PSR this year.

Student 1: _____

Student 2: _____

Student 3: _____

Student 4: _____

For Office Use Only: Received by: _____ Date: _____