

St. John of God Church
1290 5th Avenue @ Irving
San Francisco, CA 94122
415-566-5610
<http://www.sjog.net>
Email: stjohnofgod-sf@sbcglobal.net



**Religious Education / CCD (Grades K-8)
REGISTRATION FORM 2017-2018**

(Please Print)

Child's Name _____

Age _____ Date of Birth _____

Place of Birth _____

Address _____ City _____

State _____ Zipcode _____

Name of school the child is attending at present:

_____ Grade _____

Is English the child's first language? (Yes) _____ (No) _____

Attended St. John of God's Religious Ed Program: (Y) _____ (N) _____

(If yes, how many years? _____)

Other Religious Ed Program:

Parish _____

City, State _____

Sacraments Baptism (Y) _____ (N) _____ Communion (Y) _____ (N) _____

Reconciliation (Y) _____ (N) _____ Confirmation (Y) _____ (N) _____

Special needs that the teacher should know

Mother / Guardian's Full Name _____

Address _____ City _____

State _____ Zip _____

Contact Phone Number (____) _____

E-mail _____

Are you available to help out with class / activities?(Y) ____ (N) ____

Father / Guardian's Full Name _____

Address _____ City _____

State _____ Zipcode _____

Contact Phone Number (____) _____

E-mail _____

Are you available to help out with class or activities? (Y) ____ (N) ____

(Guardian(s)) relationship to child: _____

The fee for classes once/week September - May is \$50.00 per child / year and three or more children are \$120.00 / year. If you are in need of financial assistance, please let us know if writing. No one will be turned away.

Family Covenant

Recognizing that my involvement as a parent/guardian is of special importance in the Religious Education of my child,

_____:

- ❖ I promise to see that my child attends Sunday Mass at 9:30am and any Service Activities;

- ❖ I promise to participate in the sacramental life of the parish, to the degree I am able, as a witness to my faith and in a very special way to my child;

- ❖ I promise to pray and help my child during his/her on-going education in the faith, Christian service, and witness.

(Parent/Guardian – please print name)

_____ (Signature)

_____ (Date)

Return completed form with payment to the Parish Office
ATTN: Beverlie Leano-Torres (Coordinator of Religious Education)

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### **For Office Use Only**

\_\_\_\_\_ Registration Fee Cost/Child \$50.00

\_\_\_\_\_ Three or More Children \$120.00

(\_\_\_) Cash (\_\_\_) Check # \_\_\_\_\_

Payment Received By: \_\_\_\_\_ Date: \_\_\_\_\_

Baptismal Certificate

Received By: \_\_\_\_\_ Date: \_\_\_\_\_