

BLESSED FAMILY 7 CATHOLIC COMMUNITY at St. John XXIII Parish

2026-2027

Child's Name: _____ Parish: _____ Telephone #: _____
Is child's name the same as family name? YES / NO

Street Address: _____ City/Town _____ Zip Code: _____

Email Address: _____ Has information changed since last year? YES / NO

Mother's Name: _____ Cell # _____ Father's Name: _____ Cell # _____

\$25.00 for the each child - \$50.00 maximum per family. CHILD LIVES WITH: BOTH PARENTS / MOTHER / FATHER / _____

Are there any custody arrangements we need to be aware of? _____ If, YES, please attach a copy of the pertinent documents.

Where did you child(ren) attend Religious Education/Catholic School last? _____

Child's First Name	Last Name if other than Family Name	Birth Date	Faith Formation Grade 2025-2026	School Attending this Fall	FOR FIRST TIME REGISTRATIONS Sacraments Received. Give name of Church.	Special Needs (learning, medical, allergies, etc.)
					Baptism: Reconciliation: Eucharist:	
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Emergency contact (during religious education hours):

Name: _____ Relationship: _____

Phone #: _____ Cell Phone: _____

Please call me; I am interested in volunteering as a ☐ -Catechist ☐ -Catechist Asst ☐ -Office Aide ☐ -Special Events

All Students registering for the first time in our program MUST include a copy of their baptismal certificate - If not baptized at St. William, St. Bonaventure, of St. John XXIII

Office Use

Payment: \$ _____ cash \$ _____ check # _____

Initial: _____ Date: _____