

St. John the Evangelist Religious Education Family Registration Form 2010-2011

Phone: 540-347-2922 ext. 209

Revised: 7/30/2010

IMPORTANT!!! Visit our website at www.stjohntheevangelist.org for all Religious Ed policies and info needed during the year.


- Your family **must be registered** with St. John the Evangelist Parish to attend Religious Education classes.
- Please fill out this **entire** form (**front & back**). **Email** is the primary mode of communication for RE.
- Class assignments are made on a first come, first placed basis *in regards to your first choice*.
- Mail this **fully completed** form **with complete payment** to: St. John the Evangelist RE, 271 Winchester Street, Warrenton, VA 20186
- Make checks payable to **St. John the Evangelist Catholic Church**. Payment Plans are available – please call the RE office for info.
- NOTE: If any of your children were baptized outside of this parish, and you **have not** already supplied us with a copy of each child's **baptismal record**, you will **need to supply a copy** for our files.
- Classes will begin **August 29th / 30th**. The 2010-2011 RE Calendar will be on the RE webpage.
- Would you like to share your faith or volunteer? Please see below.


Fee Schedule: Sacramental means your child is receiving a sacrament this year. Please contact the Religious Education Office in case of financial hardship.

Fee A: Before June 1st:	Non-Sacramental: \$65.00,	Sacramental: \$85.00	Family Maximum: \$200.00
Fee B: Before August 1 st	Non-Sacramental: \$75.00	Sacramental: \$95.00	Family Maximum: \$250.00
Fee C: After August 1 st :	Non-Sacramental: \$100.00	Sacramental: \$125.00	Family Maximum: \$300.00
High School: \$50.00			

***Newly registered families of St. John the Evangelist Parish will pay Fee B even if registering after August 1st.**

Class Offerings: Please select your 1st, 2nd & 3rd choice from the classes below. All 3 must be filled in for registration.

Sunday Session A (K-7th): 8:45 am – 10:00 am _____ Sunday Session B (K-8th): 10:30 am – 11:45 am 

Monday Session C (1st-8th, High School): 5:00 pm – 6:15 pm _____  Most Classes are FULL.

Volunteer Ministries in Religious Education:

*Teachers and Aides receive preferences on class assignments for their children. Aides are expected to substitute for the teacher when needed. Teachers and aides must submit the Teacher/Aide application, and the signed Oath of Fidelity to the Church. These documents are available on the RE web-page. Teachers and aides must complete the required paperwork for background checks and become VIRTUS trained. **New Catechists and Aides are required to attend a training session in August (TBA). All Catechists and Aides** are required to attend a teacher meeting in August (TBA). Please **check the areas of interest:***

Teacher _____ Assistant Teacher _____ Other _____

Grade Preference for teaching/assisting: _____ Session you prefer to teach: _____

Name: _____ Home Phone: _____

Email: _____ Cell Phone: _____

Medical Insurance Information:

Company Name: _____

Insurance Company Phone: _____

Address: _____

Policy #: _____

Parent: I, _____, in consideration of the benefits derived, and in view of the fact that St. John the Evangelist Catholic Church is a religious institution, membership in which is voluntary, I hereby agree to the participation of my child (children) in the activity of religious education classes.

In the event I cannot be reached, I hereby grant permission for my son (s) and/or daughter (s) to be evaluated, diagnosed, treated and or medicated in accordance with the standard medical practice by licensed medical personnel. In the event that a medical emergency occurs with my child, I grant permission to a St. John the Evangelist leader to ensure emergency medical treatment for my child (children) if I cannot be contacted. I relieve St. John the Evangelist Parish, its agents and the Diocese of Arlington of all responsibility and consequences that may arise as a result of the emergency treatment or administration of minor medications. Furthermore, I agree to accept all responsibility as a result of scheduling such treatment.

My child/children agree(s) to abide by all the rules and regulations. I understand that St. John the Evangelist Parish, its agents, and the Diocese of Arlington will not be held liable if my child fails to cooperate with the rule and safety measures.

Signed _____ Date: _____

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Last Name Registered with Parish _____ Parish Envelope Number **You Are Using:** _____

Mailing Address: _____ Home Phone: _____

_____ Family Email: _____

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

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

Custodial Parent, if different from above: _____ Phone: _____

Emergency Contact: _____ Phone: _____

NOTE: If any of your children were baptized outside of this parish, and you have not already supplied us with a copy of each child's baptismal record, you will need to supply a copy for our files.

Child _____ Age _____ Birthdate _____/_____/____ Sex _____ Grade in 2010-11 _____ Grade/Session in 2009-10 or last RE attended _____/_____/_____

Sacrament, Date and Parish _____/_____/_____ **Baptism** _____ **Catholic?** _____ **Eucharist** _____/_____/_____ **Penance** _____/_____/_____ **Confirmation** _____/_____/_____

Received: _____

School Child Attends: _____

Special Needs: (e.g. medical, learning disabilities, physical disabilities): _____

Child _____ Age _____ Birthdate _____/_____/____ Sex _____ Grade in 2010-11 _____ Grade/Session in 2009-10 or last RE attended _____/_____/_____

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Received: _____

School Child Attends: _____

Special Needs: (e.g. medical, learning disabilities, physical disabilities): _____

For Office Use Only: Tuition due: \$ _____ Tuition Pd: \$ _____ Date Paid: ____/____/____