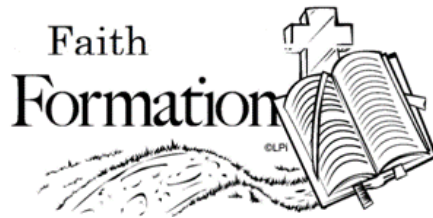


2025-26 Faith Formation Registration

St. John The Evangelist
1001 Main St East
Girard, PA 16417
814-774-4108



Holycross.stjohnfaithformation@gmail.com

Holy Cross
7100 West Lake Rd
Fairview, PA 16415
814-474-2605

Family Last Name _____		Home Phone Number _____	
Address _____		City, State & Zip _____	
Email _____		I would like to receive emails ____Yes ____No	
Father's First & Last Name _____		Religion _____	Parish/Church _____
Mother's First, Last & Maiden Name/Religion _____		Parish/Church _____	

Parent's Sac. Info, "x" if rec'd

Bap	Recon	Euch	Conf

Child(ren) live with <input type="checkbox"/> Both parents	Mother: Custody <input type="checkbox"/> 100% <input type="checkbox"/> 50%	Father <input type="checkbox"/> 100% <input type="checkbox"/> 50%	
If children do not live with both parents, does the non-custodial parent have permission to pick the child up? <input type="checkbox"/> Yes <input type="checkbox"/> No		Should the non-custodial parent be kept informed of all activities of the Religious Education Program? <input type="checkbox"/> No <input type="checkbox"/> Yes (Provide address below)	
Is this by mutual agreement or court order? <input type="checkbox"/> Agreement <input type="checkbox"/> Court Ordered		_____ _____	

Please fill out child information on back	
<u>2025-2026 Book & Materials Fee</u> *Please make checks out to home parish*	
One Child: \$50.00 Two Children: \$75.00 Three or More Children: \$100.00 Non Parishioner: \$75.00 per child*	For assistance or waiver please contact the Faith Formation Office <div style="text-align: right;">\$20 Confirmation Fee</div>
*Must have written permission of home parish's pastor before attending	

The Diocese of Erie requires that each student watch an age appropriate, safe environment training video. If you would like your child to not attend the training, please sign on the line _____

Child's Information

2025-2026 School Year

All Information Will Be Kept Strictly Confidential; It Is For Faith Formation Use Only

Full Name _____ School _____ Grade _____

Age _____ Birthdate _____

Please "x" if received _____ Baptism _____ Reconciliation _____ Communion

If you did not receive a sacrament at St. John's or Holy Cross please provide a copy of the certificate

Describe any emotional or physical needs that impact learning _____

Please list any allergies _____

Please list any regular medications _____

Full Name _____ School _____ Grade _____

Age _____ Birthdate _____

Please "x" if received _____ Baptism _____ Reconciliation _____ Communion

If you did not receive a sacrament at St. John's or Holy Cross please provide a copy of the certificate

Describe any emotional or physical needs that impact learning _____

Please list any allergies _____

Please list any regular medications _____

Full Name _____ School _____ Grade _____

Age _____ Birthdate _____

Please "x" if received _____ Baptism _____ Reconciliation _____ Communion

If you did not receive a sacrament at St. John's or Holy Cross please provide a copy of the certificate

Describe any emotional or physical needs that impact learning _____

Please list any allergies _____

Please list any regular medications _____

Emergency Contact

Name: _____ Relationship _____

Phone number _____ or _____

Name: _____ Relationship _____

Phone number _____ or _____