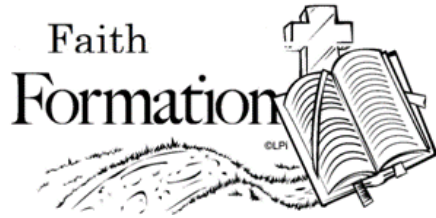


2024-2025 Faith Formation Registration

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													
Parent's Sac. Info, "x" if rec'd															
Father's First & Last Name	Religion	Parish/Church	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="font-size: x-small;">Bap</th> <th style="font-size: x-small;">Recon</th> <th style="font-size: x-small;">Euch</th> <th style="font-size: x-small;">Conf</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td style="height: 20px;"> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Bap	Recon	Euch	Conf								
Bap	Recon	Euch	Conf												
_____	_____	_____													
Mother's First, Last & Maiden Name/Religion	Parish/Church														
_____	_____														

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

2024-2025 Book & Materials Fee

Please make checks out to home parish

One Child: \$50.00	For assistance or waiver please contact
Two Children: \$75.00	the Religious Education office
Three or More Children: \$100.00	
Non Parishioner: \$75.00 per child*	\$20 Confirmation Fee

*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

2024-2025 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 _____

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Please list any allergies _____

Please list any regular medications _____

Emergency Contact

Name: _____ Relationship _____

Phone number _____ or _____

Name: _____ Relationship _____

Phone number _____ or _____