## St. John the Evangelist Church RELIGIOUS EDUCATION REGISTRATION 2023-2024 20 Church Street, Hopkinton, Ma 01748

Today's date:			
***EMERGENCY CONTA		Phone ()_	
	(Mandatory) Name to Ask	For (cell phone n	
Student's Birth Name			
	Last	First	
Date of Birth		<b>□</b> Female	
Address	Tow	<sup>7</sup> n	Zip Code
Phone ()	E-Mail	Address	
School	Grade (in September)	) My child has speci	al needs
		(please de	escribe on reverse side)
Father	Religion	Work/Cell Ph. (_	)
Mother_	Religion	Work/Cell Ph. (_	)
		Grade(s)	
• -	tificate or:My child wa	s, this registration form must is baptized at St. John's, Hop	<u> </u>
Yea	r C	hurch	Town/City
FIRST COMMUNION:			
	ear C	hurch	Town/City
Previous Parish of Instructio			
	Parish Name		Town/City
If you are sending your c so we will have your chil Parents: We will need yo	hild for the first time, plea d in our computer to allov	We will be sending out this  ase fill out the registration is  v us to send information as  a month)	form and get it back
sh	aring a teaching position f	or Grade	