

**St. John the Evangelist Church RELIGIOUS EDUCATION REGISTRATION 2024-2025
20 Church Street, Hopkinton, Ma 01748**

Today's date: _____

***EMERGENCY CONTACT _____ Phone (_____) _____
(Mandatory) Name to Ask For (cell phone number)

Student's Birth Name _____
Last First

Date of Birth _____ Male Female

Address _____ Town _____ Zip Code _____

Phone (_____) _____ E-Mail Address _____

School _____ Grade (in September) _____ My child has special needs _____
(please describe on reverse side)

Father _____ Religion _____ Work/Cell Ph. (_____) _____

Mother _____ Religion _____ Work/Cell Ph. (_____) _____
First Maiden name

Sibling(s) _____ Grade(s) _____

BAPTISM: If your child was not baptized at St. John's, this registration form must be accompanied by a baptismal certificate or: ___My child was baptized at St. John's, Hopkinton, Ma.

FIRST PENANCE: _____
Year Church Town/City

FIRST COMMUNION: _____
Year Church Town/City

Previous Parish of Instruction: _____
Parish Name Town/City

Tuition fee: Have not been determined at this time. We will be sending out this information in Sept.

If you are sending your child for the first time, please fill out the registration form and get it back so we will have your child in our computer to allow us to send information as needed this summer.

Parents: We will need your help....

**I am interested in: ___teaching a grade (two times a month)
___sharing a teaching position for Grade___**