## St. John Paul II Religious Education Registration

Registration Form			
Child's Name	DOB	boy/girl	Current grade
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Parent Name:		Phone numbe	r
Parent Name:	Phone number		
Email Address:		<del> </del>	
Mailing Address:			
Allergies and student name/gr  May we have permission to  Newsletters, Brochures, slide	use photos of your chil	d/children in o	ur Sunday Bulletins,
YES - NO (circle one)	•		
Parent Signature & Date			
Parent Printed Name:			
Payment Information: Cost is \$			
paying by check			
-Enclosed is a check mo	ade payable to St. John P	aul II Catholic Ch	nurch \$
I am enclosing cash in t			

## Volunteer -Parent Support: (write on back of this form)

We are delighted to have you and your family at our Sunday Morning RE/Wednesday Night Catholic Youth Group. Help us make great memories by sharing with us your special talents/strengths on 1 or 2 Sundays/Wednesdays this year. Step up and join our crew and all the fun!