

St. John Bosco Catholic Church

315 North Main Street-Woodstock, VA 22664-
540-459-4448 Office - 540-459-4406 Fax

Express Religious Education Registration 2020-2021

Welcome back! Please find enclosed along with your **Registration Form** an **Emergency Medical Form**. Each form must be filled out completely at the time of registration. Please print neatly and complete one registration form per child. Please return to the Parish Office:

_____ **Registration Form/Emergency Medical Form- on the back of this form.**

_____ **A copy of child's Baptismal Certificate. If your child was baptized at SJB, you need to let us know.**

Single Child \$22.00. _____

_____ **Dioceses of Arlington waiver**

_____ **Picture consent**

Please contact the RE Office if there are hardships in your family. No child will be turned away for lack of funding.

Please Note: Students must be registered at St. John Bosco Parish before they can be enrolled in Religious Education Classes. For Sacramental grades- First Communion (*1st & 2nd grade*) and Confirmation (*7th & 8th grade*) there is a two-year program.

Please completely fill out the information below:

1. **Child's Name:** _____ **Email** _____

Date of Birth: _____ **Grade:** _____ **Baptized (where):** _____



2. _____

3. IN PERSON (2nd and 8th) _____

4. Home School (*) _____

Father's Name: _____ **Mother's Name** _____

Home Address: _____

Home Phone/Cell: _____

Emergency Contacted Person: _____

Emergency Phone: _____

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Religious Education Permission for Emergency Care 2019-2020

****Special Needs (medical, Learning Disabilities, physical disabilities etc.)**

(*) Approved Textbook Series: Alive in Christ (Sunday Visitor): Christ Our Life (Loyola Press): Faith and Life (Ignatius Press); or Spirit of Truth (Sophia Institute Press).

In case of an accident or serious illness, I request that I be contacted. If I cannot be reached, the emergency contact can be called to pick up my child. If neither can be reach, the religious education staff has my permission to take my child to the emergency rooms of the nearest hospital and I hereby authorize its medical staff to provide treatment, when a physician deems necessary for the well-being of my child. I will assume the responsibility for payment of the medical fees.

Parent's Signature, and date

You can also find out about cancellations or changes via the St. John Bosco webpage or Facebook, Mail Chimp, and my parish APP.