Student's Last Name_____

St. John the Baptist Parish—School Family

First Reconciliation and First Eucharist Registration 2025-2026

Father's Name: _____	**Mother's Name:** _____
Address: _____	**Address:** _____
City, Zip: _____	**City, Zip:** _____
Home Phone: _____	**Home Phone:** _____
Cell Phone: _____	**Cell Phone:** _____

Email address for information and updates: _____

Emergency Contact Name (besides parents): _____

Emergency Phone Number: _____

Allergies or medical issues we should be aware of: _____

Student Information

Last Name (Child 1):	**First Name:**
1. Was this child baptized?	Yes No
2. Was he/she baptized at St. John the Baptist? (If "no" to question 2, **a copy of Baptismal Certificate is required**)	Yes No

Last Name (Child 2):	**First Name:**
1. Was this child baptized?	Yes No
2. Was he/she baptized at St. John the Baptist? (If "no" to question 2, **a copy of Baptismal Certificate is required**)	Yes No

We are Registered & Active members of St. John the Baptist Parish. Yes No

My child attended St. John the Baptist School for first grade. Yes No

St. John the Baptist Parish may take and use my child(ren)'s pictures, without names, for news release, media, or promotional purposes. Yes No

Parent Signature **Date**

Sacrament Preparation Fee & Payment

Sacrament Preparation Fee	$50 per student =	$
Office Use Only: Check # _____ Cash (✓) _____		
Staff Initials _____	Total Amount Due at Registration	$

Please make checks payable to: St. John the Baptist

Contact Janel Aleson with questions at jaleson@sjbh.org