



# Faith Formation

Registration: 2020-21 | Pre-K through Grade 11  
**St. John the Baptist Parish**  
14241 Fruit Farm Road | St. Joseph, MN 56374 | (320) 363-2569

**This form must be completed and returned so the correct amount of textbooks can be ordered.**  
Please PRINT clearly--This completed form and payment is due **by July 1, 2020.**

## Part 1: Registration

Parent Name(s): \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Mother's Phone # Home: \_\_\_\_\_ Cell: \_\_\_\_\_  
Father's Phone # Home: \_\_\_\_\_ Cell: \_\_\_\_\_  
Preferred email: \_\_\_\_\_  
Alternate Emergency Contact: \_\_\_\_\_

Are you parishioners of the Church of St. John the Baptist? \_\_\_\_ Yes \_\_\_\_ No

## Student Information

1. Name of Child: \_\_\_\_\_  
Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ School: \_\_\_\_\_ 2020-21 Grade:\_\_\_\_ Gender: M F  
Sacraments already received:  Baptism  First Reconciliation  First Eucharist  Confirmation  
Special Needs: \_\_\_\_\_

2. Name of Child: \_\_\_\_\_  
Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ School: \_\_\_\_\_ 2020-21 Grade:\_\_\_\_ Gender: M F  
Sacraments already received:  Baptism  First Reconciliation  First Eucharist  Confirmation  
Special Needs: \_\_\_\_\_

3. Name of Child: \_\_\_\_\_  
Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ School: \_\_\_\_\_ 2020-21 Grade:\_\_\_\_ Gender: M F  
Sacraments already received:  Baptism  First Reconciliation  First Eucharist  Confirmation  
Special Needs: \_\_\_\_\_

Over please



