

St. John's Religious Education
Religious Education Registration 2026-2027

15 N Washington Ave, Bergenfield, NJ 07621 Phone: 201-384-3601 Email: stjohnsreligiouseducation@gmail.com

Classes begin Sunday, September 1, 2025, & ends May 9, 2027

Pre-K to 5th Gd - Sunday Session 9:00 am -11:30 am

Yr 1 & Yr 2 Confirmation Sunday Session 10:30 am – 1 pm

Are you registered in the Parish? Yes No if yes, Envelop number: _____

CHILD INFORMATION

Name:			Sex	Date of Birth	Age	Grade in	School
Last	First	M.I.	(M/F)	MM/DD/YYYY		Sept.	
1.							
2.							
3.							

Check All Sacraments Received:

1. ___ Needs Baptism ___ Baptism ___ First Eucharist (Communion)
 2. ___ Needs Baptism ___ Baptism ___ First Eucharist (Communion)
 3. ___ Needs Baptism ___ Baptism ___ First Eucharist (Communion)

Children Baptism for Religious Education will be **April 17, 2027**. For more information, go to the Religious Ed office.

NOTE: If a child was baptized or received any sacraments outside of St. John the Evangelist Parish you will need to submit a copy of certificated at the time of registration for our files.

PARENT / GUARDIAN INFORMATION

	MOTHER	FATHER	LEGAL GUARDIAN
Last Name			
First Name			
Home Address	Street: City: _____ Zip: _____	Street: City: _____ Zip: _____	Street: City: _____ Zip: _____
Phone	Home: _____ Cell: _____	Home: _____ Cell: _____	Home: _____ Cell: _____
Preferred E-mail			
Religion	Catholic (Y/N). Other: _____	Catholic (Y/N). Other: _____	Catholic (Y/N). Other: _____
Parents: <input type="checkbox"/> Married <input type="checkbox"/> Single Parent <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> → Father living (Y /N) <input type="checkbox"/> Mother living (Y/N)			
Child lives with: <input type="checkbox"/> Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian			

EMERGENCY CONTACT (OTHER THAN PARENT/GUARDIAN)

Name:	Cell phone:	Relationship to child:
I authorize the DRE or her delegate to secure emergency medical help for my children named above in case of an emergency.		
Parent Signature: _____		Date: _____

CHILD HEALTH INFORMATION

	Immunizations up to date	Has Medical Conditions	Has Allergies	Has Individual Education Program (IEP) or 504 Plan
Child 1	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes. <input type="checkbox"/> No Description:	<input type="checkbox"/> Yes. <input type="checkbox"/> No Description:	<input type="checkbox"/> Yes. <input type="checkbox"/> No IEP Description detailed:
Epi-Pen <input type="checkbox"/> Yes <input type="checkbox"/> No. Select Option: <input type="checkbox"/> Option B (Self Administration) <input type="checkbox"/> Option C (Parent/Guardian) **Consent form will need to be submitted before classes starts				
Child 2	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes. <input type="checkbox"/> No Description:	<input type="checkbox"/> Yes. <input type="checkbox"/> No Description:	<input type="checkbox"/> Yes. <input type="checkbox"/> No IEP Description detailed:
Epi-Pen <input type="checkbox"/> Yes <input type="checkbox"/> No. Select Option: <input type="checkbox"/> Option B (Self Administration) <input type="checkbox"/> Option C (Parent/Guardian) **Consent form will need to be submitted before classes starts				
Child 3	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes. <input type="checkbox"/> No Description:	<input type="checkbox"/> Yes. <input type="checkbox"/> No Description:	<input type="checkbox"/> Yes. <input type="checkbox"/> No IEP Description detailed:
Epi-Pen <input type="checkbox"/> Yes <input type="checkbox"/> No. Select Option: <input type="checkbox"/> Option B (Self Administration) <input type="checkbox"/> Option C (Parent/Guardian) **Consent form will need to be submitted before classes starts				

RELEASE PERMISSION: Is your Child/ren allowed to walk home alone? If No, provide 3 people allowed to pick up:

Child 1	<input type="checkbox"/> Yes. <input type="checkbox"/> No	Name: _____ Relationship: _____ Phone: _____ Name: _____ Relationship: _____ Phone: _____ Name: _____ Relationship: _____ Phone: _____
Child 2	<input type="checkbox"/> Yes. <input type="checkbox"/> No	Name: _____ Relationship: _____ Phone: _____ Name: _____ Relationship: _____ Phone: _____ Name: _____ Relationship: _____ Phone: _____
Child 3	<input type="checkbox"/> Yes. <input type="checkbox"/> No	Name: _____ Relationship: _____ Phone: _____ Name: _____ Relationship: _____ Phone: _____ Name: _____ Relationship: _____ Phone: _____

SACRAMENT PREPARATION NEEDED

CONTINUED

Child 1	<input type="checkbox"/> First-Year Communion <input type="checkbox"/> Second-Year Communion Children preparing for First Holy Communion and Confirmation are required to have two years of instruction and preparation. Several requirements specific to sacramental preparation are detailed in a separate sacramental packet	<input type="checkbox"/> First -Year Confirmation <input type="checkbox"/> Second-Year Confirmation <input type="checkbox"/> Religious Ed <input type="checkbox"/> Gifted
Child 2	<input type="checkbox"/> First-Year Communion <input type="checkbox"/> Second-Year Communion Children preparing for First Holy Communion and Confirmation are required to have two years of instruction and preparation. Several requirements specific to sacramental preparation are detailed in a separate sacramental packet.	<input type="checkbox"/> First -Year Confirmation <input type="checkbox"/> Second-Year Confirmation <input type="checkbox"/> Religious Ed <input type="checkbox"/> Gifted
Child 3	<input type="checkbox"/> First-Year Communion <input type="checkbox"/> Second-Year Communion	<input type="checkbox"/> First -Year Confirmation <input type="checkbox"/> Second-Year Confirmation <input type="checkbox"/> Religious Ed <input type="checkbox"/> Gifted

Children preparing for First Holy Communion and Confirmation are required to have two years of instruction and preparation. Several requirements specific to sacramental preparation are detailed in a separate sacramental packet

REGISTRATION FEES ARE AS FOLLOWS:

	1st Child	2nd Child	3rd Child or More
FEES:	\$160	\$200	\$225
Communion Fee	Add \$35 per Child		
Confirmation Fee	Add \$175 per Child		

COMMITMENT TO THE PROGRAM:

As a parent, I understand that attendance at Sunday Mass is an essential part of our Catholic life. It is also the most important means to grow in our faith. Therefore, I understand that it is a serious commitment to be part of the Religious Education program and to participate at Sunday Mass. Failure to keep this commitment, will affect my child(ren)'s preparation for the Sacraments, and may result in a postponement of the reception of the Sacraments.

I have read and understood the 2026-2027 St. John's Religious Education Handbook and made note of all the important dates in my calendar. I understand the new terms and have read and understood the "St John's Handbook" form on St. John's Religious Education at sjrc.org.

Parent/ Guardian Signature: _____ **Date:** _____

****Office Use Only****

Date registered: _____ **Paid: (Y / N)** **Payment: Cash** ___ **Check #** _____ **Amt: \$** _____ **# of Children Registered:** _____

Baptismal Certificate Submitted: (___Y / ___N) **First Eucharist Certificate Submitted: (___Y / ___N)**

If apply, upper Grades First Eucharist Class: (___Y / ___N) **Grade** _____