

Religious Education
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St. John the Evangelist
624 E. Hopkins St.
Fax (512) 396-7522
www.st-john.us

2009-2010 RELIGIOUS EDUCATION REGISTRATION FORM
(Classes begin on Sunday, September 13, 2009)

Parent/Guardian's Full Name _____

Phone {hm} () _____ {wk} () _____ {cell} () _____

E-mail address: _____

Address _____ City _____ State _____ Zip Code _____

Additional Contact Person's Full Name _____

Phone {hm} () _____ {wk} () _____ {cell} () _____

Child's Full Name _____ DOB: _____

Requested Class (Day/Time/Grade Level) _____

Has he/she received Baptism? Where? _____ 1st Communion? Where? _____

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Requested Class (Day/Time/Grade Level) _____

Has he/she received Baptism? Where? _____ 1st Communion? Where? _____

2009-2010 Class Schedule:

- Sundays, 12:30 - 1:30 PM: **Pre-k, K, 1st grade/1st year First Communion** (only for students already baptized)
- Wednesdays 5:30 - 6:30 PM: **Pre-k, K, 1st grade/1st year First Communion** (only for students already baptized)
- Sundays, 12:30 - 1:30 PM: **3rd, 4th, 5th grade** (only for students who have already received First Communion)
- Wednesdays 5:30 - 6:30 PM: **3rd, 4th, 5th grade** (only for students who have already received First Communion)
- Sundays, 11:15 - 12:15 AM: **2nd grade/2nd yr First Communion** (only for students who completed the 1st grade CCD class)
- Wednesdays, 5:30 - 6:30 AM: **2nd grade/2nd yr First Communion** (only for students who completed the 1st grade CCD class)
- Sundays 3:00 - 5:00 PM : **6th, 7th, 8th grade** (only for students who have already received First Communion)
- 2nd and 4th Sundays 6-8 PM: **9th grade/1st year Confirmation** (should have already received First Communion)
- 10th grade/2nd year Confirmation** (should have completed 9th grade CCD class)
- *Tuesdays 7:00 - 8:30 PM: **RCIC** (for 2nd - 12th graders who do not qualify for the other classes listed above)

For assigned teachers and room numbers, please check the class lists posted before the first day of class.

For Office Use Only:

Date registration form was received: _____ Staff initials: _____

Amount Paid: \$ _____

Requested donation (for supplies, etc.): **\$30.00** for one child/**\$50.00** for two or more siblings (no charge for children of CCD volunteers)