

St. John the Evangelist Catholic Church - Loveland, CO  
**2023-24 Religious Education & Youth Ministry**

Payment: Cash, Check, or Online with Faith Direct

Mail or drop-off form: Parish Office, 1730 W. 12<sup>th</sup> St, Loveland, CO 80537

OFFICE USE ONLY:
Reg Received Date _____
Reg Entry Date _____
Paid Date _____ Amount _____
Receipt # _____

**Family Last Name** \_\_\_\_\_

Primary Contact Name \_\_\_\_\_ Primary Cell Phone # \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Primary Contact Email \_\_\_\_\_

Preferred Method of Contact? TEXT \_\_\_\_\_ EMAIL \_\_\_\_\_

Primary Contact Relationship (i.e. Mother, Father, Grandparent, etc.)? \_\_\_\_\_

Parish Affiliation (i.e. SJE Loveland, Holy Family Ft Collins, etc.)? \_\_\_\_\_

Secondary Contact Name \_\_\_\_\_ Secondary Cell Phone # \_\_\_\_\_

Secondary Contact Relationship (i.e. Mother, Father, Grandparent) \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

**STUDENT #1 INFORMATION**

**Child Name** \_\_\_\_\_ **Birthdate** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Gender** \_\_\_\_M\_\_\_\_F

**2023-24 Grade** \_\_\_\_\_ **School child attends** \_\_\_\_\_

Which sacrament does your child **NEED** (check all that apply)? Class placement/reg fees are based on sacraments received and/or completed.

Baptism (Y1) \_\_\_\_\_ Confession (Y1) \_\_\_\_\_ First Eucharist (Y2) \_\_\_\_\_ Confirmation (Y2) \_\_\_\_\_

Non Sacramental Year \_\_\_\_\_

**Session:** \_\_\_\_RE Family of Faith \_\_\_\_Middle School Youth Ministry \_\_\_\_High School Youth Ministry

**Baptismal Parish City/State?** \_\_\_\_\_

Copy of Baptismal Certificate is required for registration if not baptized at St. John the Evangelist.  
Copy of Birth Certificate is required if not baptized and preparing to be baptized.

**Youth Ministry Only:** Contact your teen by cell/text/email for ministry purposes only? \_\_YES \_\_NO

Teen's Cell# \_\_\_\_\_ Teen's Email \_\_\_\_\_

**STUDENT #2 INFORMATION**

**Child Name** \_\_\_\_\_ **Birthdate** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Gender** \_\_\_\_M\_\_\_\_F

**2023-24 Grade** \_\_\_\_\_ **School child attends** \_\_\_\_\_

Which sacrament does your child **NEED** (check all that apply)? Class placement/reg fees are based on sacraments received and/or completed.

Baptism (Y1) \_\_\_\_\_ Confession (Y1) \_\_\_\_\_ First Eucharist (Y2) \_\_\_\_\_ Confirmation (Y2) \_\_\_\_\_

Non Sacramental Year \_\_\_\_\_

**Session:** \_\_\_\_RE Family of Faith \_\_\_\_Middle School Youth Ministry \_\_\_\_High School Youth Ministry

**Baptismal Parish City/State?** \_\_\_\_\_

Copy of Baptismal Certificate is required for registration if not baptized at St. John the Evangelist.  
Copy of Birth Certificate is required if not baptized and preparing to be baptized.

**Youth Ministry Only:** Contact your teen by cell/text/email for ministry purposes only? \_\_YES \_\_NO

Teen's Cell# \_\_\_\_\_ Teen's Email \_\_\_\_\_

**Please don't forget to sign the other side!**

# 2023-24 REGISTRATION FOR FAMILY OF FAITH & YOUTH MINISTRY (pg 2)

Family Last Name \_\_\_\_\_

Do any of your children have special needs (i.e. medical, learning disability, physical disability, etc.)?

YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Any other information that you think is important for us to know? \_\_\_\_\_

## PHOTO RELEASE

We would love to have your permission to feature photos of your kids on our website, social media, and other communication. *Please initial next to your answer.*

YES \_\_\_\_\_ I hereby grant permission for the above child/children to be photographed or videotaped and give my permission for the his/her/their picture to be published for the purpose of promoting programs at Saint John the Evangelist Catholic Community and on our website.

NO \_\_\_\_\_ I hereby decline for my child/children to be photographed or videotaped. I have instructed my child/children to decline being photographed or videotaped at all times and have instructed my child/children to notify directors, coordinators, catechists, and other volunteers that he/she/they may not be photographed or videotaped under any circumstances.

## ACTIVITY RELEASE: PARTICIPATION AND EMERGENCY TREATMENT

I hereby acknowledge that I am the parent or legal guardian of the above child/children and give him/her/them my permission to participate in activities planned at the Saint John's Campus and locations within the local area during scheduled program times and dates. I understand that reasonable precaution will be taken to safeguard the health and safety of the participant(s) and that the designated emergency contact person will be notified as soon as possible in case of emergency. In the event of any sickness or accident, I will not hold Saint John the Evangelist, the Archdiocese of Denver, any volunteer, chaperone, or driver responsible. I authorize and consent that emergency treatment be rendered under the general or specific supervision and on the advice of any physician, dentist, or surgeon licensed to practice in the State of Colorado.

The undersigned understands and agrees that any medical, dental, or hospital expenses incurred shall be at his/her own expense. The undersigned understands every effort will be made to notify the emergency contact in the event that treatment is necessary.

I UNDERSTAND AND AGREE TO THE TERMS OF THE ACTIVITY RELEASE.

\_\_\_\_\_  
Signature of Authorized Parent/Guardian

Date \_\_\_\_\_