



St. John the Baptist Catholic Church Registration Form

(Only the Parish uses the information you provide.)

Date: _____

Last name: _____

Address: _____

City, Zip _____ Home phone: _____

E-mail address: _____

Do you want to use offertory envelopes? yes no

Are your children enrolled at St. John School? yes no

Would you like information about St. John School? yes no

Are your children registered in Parish religious education classes? yes no

Would you like information about religious education classes? yes no

Family Member Information

Male Adult Name _____

Religion: _____ Birth date: _____

Female Adult Name _____

Religion: _____ Birth date: _____

Child's Name _____

Religion: _____ Birth date: _____

Please call the rectory if you are interested in volunteering your time and talent to any of our ministries or organizations.