

St. John the Evangelist Parish
Office of Religious Education
7121 Plainfield Road
Deer Park, Ohio 45236
513-791-3238

ERE Registration/Tuition Statement for Levels Pre K - 7

The cost of the Elementary Religious Education Program for the 2017/2018 school year is \$40.00 per child. If a family has more than two children in the Program the total is not to exceed \$90.00.

Classes for **Levels Pre K - 7** are held on Wednesday evenings, 7-8pm, in Letterst Hall, located off of the St. John Church parking lot.

Please complete the following information and return it to Laura Davis at the St. John the Evangelist Religious Education Office no later than **August 31st, 2017**. Checks should be made payable to St. John the Evangelist Church.

Please write **ERE Tuition** on the check memo line & outside of envelope.

In order to continue to run a quality Program, and to be fair to everyone, all families will be expected to have paid the full E.R.E. tuition by the end of the school year. Please feel free to contact me if you need to set up a payment plan that works for you.

No child will be turned away due to financial hardship; however, we need to hear from you.

God bless, Laura Davis

Family name _____ Mother: _____ Father: _____

Address _____

Home Phone: _____ Cell: _____ Email _____

Parish Affiliation: _____

Child One: _____ Grade: _____ School: _____

Prior Formal Religious Education: no yes If yes, what levels/grades: _____

Sacraments received to date: _____

Child Two: _____ Grade: _____ School: _____

Prior Formal Religious Education: no yes If yes, what levels/grades: _____

Sacraments received to date: _____

Child Three: _____ Grade: _____ School: _____

Prior Formal Religious Education: no yes If yes, what levels/grades: _____

Sacraments received to date: _____

Child Four : _____ Grade: _____ School: _____

Prior Formal Religious Education: no yes If yes, what levels/grades: _____

Sacraments received to date: _____

I am including the full tuition payment of \$ _____.

_____ I cannot afford to pay the full tuition right now and need to consult regarding monthly payments.

Please contact me at (phone) _____ to discuss.

Parent
Signature _____

**St. John the Evangelist ERE Program
Emergency & Illness Information**

Student #1 Information

Student's Name _____ Grade _____ Date of Birth _____
Home Address _____ Zip _____ Phone _____

Health Information

Does your child have any health conditions or on medications we should be aware of?
Please include any information regarding ADHD/ADD. _____ Yes No

If YES please describe: _____

Student #2 Information

Student's Name _____ Grade _____ Date of Birth _____
Home Address (if different from above) _____ Zip _____ Phone _____

Health Information

Does your child have any health conditions or on medications we should be aware of?
Please include any information regarding ADHD/ADD. _____ Yes No

If YES please describe: _____

Student #3 Information

Student's Name _____ Grade _____ Date of Birth _____
Home Address (if different from above) _____ Zip _____ Phone _____

Health Information

Does your child have any health conditions or on medications we should be aware of?
Please include any information regarding ADHD/ADD. _____ Yes No

If YES please describe: _____

Student #4 Information

Student's Name _____ Grade _____ Date of Birth _____

Home Address (if different from above) _____ Zip _____ Phone _____

Health Information

Does your child have any health conditions or on medications we should be aware of?
Please include any information regarding ADHD/ADD. _____ Yes No

If YES please describe: _____

ALL of the following information must be completed by ALL families

Release

If emergency treatment is required, and the parents or legal guardian cannot be reached immediately, your signature in the space provided below empowers the Elementary Religious Education authorities to exercise their own judgment to transport the child to a hospital emergency room. Likewise, your signature below is not sufficient release of confidential information protected by Federal Law.

Parent Signature _____ Date _____

Parent & Guardian Information

Father's Name _____ Mother's Name _____

Home Address _____ Home Address _____

Zip _____ Zip _____

Home Phone _____ Home Phone _____

Cell # _____ Cell # _____

Email _____ Email _____

Name of Local Person to Contact if Parent (s) are not Available

Name _____ Relationship to Child _____

Address _____ Home Phone _____ Cell# _____

Name _____ Relationship to Child _____

Address _____ Home Phone _____ Cell# _____

Preferred Hospital in Case of Emergency _____

Special Note

It is important that this information be kept accurate and up to date.
Please notify the Religious Education Office, 791-3238 with any changes.