

St. John the Baptist Catholic Church
 Catechetical Ministry Program
 279 S. Main St.
 Milpitas, Ca. 95035
 (408) 262-2546 Ext. 305

For Office use only: Catechetical Level: _____ CM Class Day: _____ Reviewed by: _____
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**REGISTRATION Form
 School Year 2017- 2018**

Student Information		
Last Name	First Name	Middle Name
Date of Birth	Place of Birth	Gender
School		Grade
Mailing Address	City/State	Zip
List any special needs (e.g. ADD, physical restrictions, medications, allergies, etc.)		
Father/Mother/Guardian Information (Please circle whichever applies)		
Last Name	First Name	Middle Name
Home Address	City/State	Zip
Work Phone	Cell Phone #	Email Address
Father/Mother/Guardian Information (Please circle whichever applies)		
Last Name	First Name	Middle Name
Home Address	City/State	Zip
Work Phone	Cell Phone #	Email Address
SACRAMENTS RECEIVED		
	Date	Parish Name and Address
Baptism	_____	
Reconciliation	_____	
First Communion	_____	
*Copy of Baptism Certificate required		
**Copy of FC Certificate required, if received from other Parish		

Parent/Guardian Name (Printed): _____
 Parent/Guardian Name (Signature): _____
 Date: _____