

**St. John the Baptist High School Religious Education
Registration Information**

Name _____

Address _____

Home Phone# _____

Cell phone # _____

E-Mail _____

High School attending _____

Grade _____ **Date of Birth** _____

Emergency Contact: _____

Emergency contact phone: _____

Medical condition/allergies: _____

Any special needs: _____

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**Paid Fee** \_\_\_\_\_