

**GUARDIAN INFORMATION**

Legal Guardian(s) (Male) \_\_\_\_\_ (Female) \_\_\_\_\_ FIRST/LAST

Relationship \_\_\_\_\_

Are you Catholic? YES NO If yes, what parish? \_\_\_\_\_ YES NO If yes, what parish? \_\_\_\_\_

Home Phone # \_\_\_\_\_ Internet at Home? Y N

Address \_\_\_\_\_ Cell # \_\_\_\_\_

Email Address \_\_\_\_\_

I/We agree to the following:

\*The registered child(ren) are free of any contagious diseases, and are in good physical condition, and able to participate in regular activities. Signing this registration form indicates that the above named students and their guardians will adhere to the policies of this religious program.

\*Our family has read the Religious Education Family Handbook and understand the contents included.

→Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

→Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTICE**

This form is to accompany the St. John Religious Education registration form & minor permission form. We require one registration form per family & one Archdiocese of Cincinnati Permission, Release & Medical Power of Attorney form per student.

DO NOT WRITE BELOW THIS LINE

Notes: