St. John the Baptist Faith Formation Registration

To whom the correspondence should be mailed:

To whom the comes	spondence should be i	maneu.									
Name:				_	Email:						
Address:				-			Father		/	Mother	
City, State, Zip:				-	Home l	Phone: _		Father		Mother	
Family Name:		Maiden Name:		-				1 attici	,	Model	
Parents Name:	/			-	Cell Pl	'hone:					
	Father	Mother						Father	/	Mother	
To help us better rel	ate with your childre	en, please fill out the following:			Busir	ness:					
Children live with: Mother & Father Mother & Step Parent Father & Step Parent			-	Father / Mother WEATHER CANCELLATION PREFERRED CONTACT: TEXT EMAIL PHONE CALL					Mother PHONE CALL		
				Stu	ident Inf	fo					
Student Nam	ne Grade	School	Gen M	nder F	Baptism	Sacramer Euch Re		rmation		Special Needs	

			Gen	ender Sacraments			ments		
Student Name	Grade	School	\mathbf{M}	F	Baptism	Euch	Rec	Confirmation	Special Needs

TUITION

\$40.00 per child or \$100.00 per family

PLEASE RETURN COMPLETED FORM WITH TUITION TO ST. JOHN THE BAPTIST, PO BOX 158, MINNESOTA LAKE, MN 56068. 507-462-3636-OFFICE STJB@BEVCOMM.NET