

## Religious Education/Faith Formation (2026-2027)

### Name/Address Information

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Student lives with (please circle): Both parents.....Mother....Father....Other: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State Zip Code

Name and Contact Telephone: \_\_\_\_\_

2<sup>nd</sup> Name and Contact Telephone: \_\_\_\_\_

Contact Email Address: \_\_\_\_\_

### Parish Information

Are you a registered member of St. John Bosco Church? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you a registered member of St. Joseph Church? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you a registered member of Our Lady of Perpetual Help Church? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, please list name and address of Parish or Church you are registered members of:

\_\_\_\_\_

### Household Information (B=Baptism, R=Reconciliation, E=Eucharist, C=Confirmation)

| Children/Students | Grade | Birthdate | List Sacraments Received |
|-------------------|-------|-----------|--------------------------|
|-------------------|-------|-----------|--------------------------|

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**Baptismal Information:**

Please list those who baptized at St. John Bosco, St. Joseph Church or OLPH. If **NOT** baptized at parish listed, a **Baptismal Certificate MUST BE PROVIDED:**

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**Photographic Permission...(Please sign)**

I give permission for photographs. Pictures may be posted on the Parish's bulletin board, used in house, and/or parish websites/Facebook. No names will be used to identify children.

I understand that the photographs will be used only for what is indicated above and will not be sold to any agency, news organization or outside group.

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(Signature of Parent/Guardian) (Date)

**Health, Medical, and Special Needs Information:** (List health conditions, medications, educational or behavioral needs...any other information you feel we need to know. If none, please list NONE. All information is confidential; if more space is needed, please attach an additional sheet.)

**Name of Child:** \_\_\_\_\_

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**Name of Child:** \_\_\_\_\_

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**Name of Child:** \_\_\_\_\_

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**Emergency Contact/Information:** If your child becomes ill or is injured while attending RE Classes at St. John Bosco, we will always try to contact the Parents (or Guardians) first...however, if unable to reach you...please list the name of someone else we can call:

Name; \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

**I authorize the staff of St. John Bosco church to seek emergency medical care for my child, as deemed appropriate.**

**Our Doctor of preference:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Hospital Preference:** \_\_\_\_\_

**Who is authorized to pick up your child(ren):** \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Registration Form (continued):

If paying Religious Ed fees by check please make checks payable to St. John Bosco Church.  
(Place in envelope and put Religious Education and your name on the front.)

Payments may be dropped off at the St. John Bosco Parish Office during the week (8:00 a.m.-2:00 p.m.); dropped in the Sunday collection basket, or given to your child's Catechist on RE class days.

Classes will be every Sunday from 9:00-10:15 a.m. at St. John Bosco (a yearly calendar will be handed out at the first class of the 2026-2027 Religious Education Year).

**ALL CHILDREN (families) ARE REQUIRED TO ATTEND MASS** ON EITHER SATURDAY EVENING (at St. John Bosco-4:00 p.m.) OR SUNDAY (7:30 a.m. 10:30 a.m. or 12:20 p.m. Spanish Mass) at St. John Bosco, when RE classes are scheduled or at their home parish when RE classes do not meet) It is important that families are registered members of a Parish, if not currently at St. John Bosco, St. Joseph, or OLPH, please let us know where you are registered and where you attend Mass.

Please read and sign below:

My child(ren) will be attending classes and Mass as part of the program.

I am also aware that students will be required to do Service Hours as needed.

Parent Signature(s): \_\_\_\_\_

Date: \_\_\_\_\_

Please call or email Vickie Blackwood (office, 219-844-9027; email: [sibreligion@comcast.net](mailto:sibreligion@comcast.net) or [vblackwood@st-johnbosco.org](mailto:vblackwood@st-johnbosco.org) with any questions.

### Religious Ed. /Faith Formation Registration Fees (2026-2027)

|                        |          |
|------------------------|----------|
| One Child              | \$100.00 |
| Two Children           | \$150.00 |
| Three or more Children | \$200.00 |

#### Additional Fees

|                   |                |         |
|-------------------|----------------|---------|
| Sacramental Fees: | Reconciliation | \$25.00 |
|                   | Eucharist      | \$25.00 |

|                                           |              |
|-------------------------------------------|--------------|
| Service Day/Retreat Days                  | \$5.00 each  |
| Generations of Faith Nights (Fall/Spring) | \$10.00 each |
| Confirmation Retreat                      | \$50.00      |

