



St. JOHN  
THE EVANGELIST  
ROMAN CATHOLIC CHURCH  
COLUMBIA, MD

REGISTRATION-High School  
9<sup>th</sup> Grade

YOUTH MINISTRY REGISTRATION 2025-2026

10431 TWIN RIVERS ROAD COLUMBIA, MD 21044

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Faith Formation Information

**Faith Formation** – Our Youth Faith formation **will meet every Sunday from 1:30pm-3:00pm.** High schoolers will be able to grow in community, faith, activities and fellowship. High schoolers are strongly encouraged to participate in our program at least one year before receiving the Sacrament of Confirmation.

**Sacrament Preparation** – If your youth in 9<sup>th</sup> grade has not yet received one or more of the Sacraments, please complete the OCIA Form.

Parent/Guardian Information

Family Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_ Email: \_\_\_\_\_

Cell: \_\_\_\_\_ Work: \_\_\_\_\_ DOB: \_\_\_\_\_

Mother/Guardian Name: \_\_\_\_\_ Email: \_\_\_\_\_

Cell: \_\_\_\_\_ Work: \_\_\_\_\_ DOB: \_\_\_\_\_

I give permission to receive text updates and reminders via Flocknote regarding my teen's formation. ☐ YES ☐ NO

I hereby authorize the Parish to take photographs, video, and audio recordings of my Child in connection with my Child's participation in the program. ☐ YES ☐ NO

Are you registered parishioners at St. John the Evangelist? \_\_\_\_ YES \_\_\_\_ NO

(If not please list your registered parish) \_\_\_\_\_

WE NEED YOUR HELP! – Volunteer Opportunities

Our youth ministry program cannot function without the help of our volunteers. We kindly ask you to consider volunteering for one or more of the areas below.

\_\_\_\_ Hallway Monitor      \_\_\_\_ Provide Meals/Snacks

\_\_\_\_ Classroom Helper

### Individual Youth Information

Youth's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade entering in fall of 2025 \_\_\_\_\_ Gender M F

Email: \_\_\_\_\_ Cell: \_\_\_\_\_

Sacraments:

Place of Baptism: \_\_\_\_\_ Place of First Communion: \_\_\_\_\_

I give permission for my teen to receive text updates via Flocknote about events and programming. ☐ YES ☐ NO

Medical Conditions/Allergies: \_\_\_\_\_

Please explain any disabilities your child has: \_\_\_\_\_

Prescription Medications: \_\_\_\_\_

#### REGISTRATION FEE

\$120 Family Registration: 1 Teen.

\$160 Family Registration: 2 Teens

\$180 Family Registration: 3 or more Teens

#### Checks payable

St. John the Evangelist

I UNDERSTAND THAT REGISTERING FOR A SACRAMENT MEANS INCURRING COSTS OF MATERIALS LIKE BOOKS, RETREATS, EVENTS, ETC. I AGREE TO PAY THE FEES ABOVE THAT HELP TO COVER THESE COSTS.

Please check form of payment: ☐ Check ☐ Credit Card ☐ Cash

Signature and Date: \_\_\_\_\_

#### Notice of Non-Verification of Immunization

St. John the Evangelist and the Archdiocese of Baltimore affirm our collective commitment to providing religious education with the safety and wellbeing of all children as our primary focus.

Although proof of immunization is not required to participate in a religious education program, you should take notice that if your child is not immunized, he/she is considered at risk for the disease or diseases against which vaccination offers protection. Vaccine preventable diseases still exist, and especially can spread quickly in child group settings, such as a religious education program. If an outbreak of the disease against which a child has not been fully vaccinated occurs during a religious education program, the child's risk of contracting the disease increases significantly.

Participation in religious education at the Parish is completely voluntary. By enrolling a child who has not been vaccinated in religious education at the Parish, parents and guardians recognize, appreciate, and assume the risks associated with lack of immunization. This voluntary enrollment similarly means that parents and guardians understand and agree that St. John the Evangelist and the Archdiocese of Baltimore are not responsible or liable for any disease contracted by a child who is not immunized while participating in an educational program at the Parish.

Signature and Date: \_\_\_\_\_