

REGISTRATION-Middle School 7th & 8th Grades

YOUTH MINISTRY REGISTRATION 2025-2026 10431 TWIN RIVERS ROAD COLUMBIA, MD 21044 **CONTACT: Pablo Maldonado**

(E) pablo.maldonado@sjerc.org (P) 410-964-1425 x318

Faith Formation Information

| will have the opportunity to engage with their faith through r | religious themes including small groups, games and more. |
|---|---|
| Sacrament Preparation - If your youth is in middle school and indicate with student information. | d has not yet received one or more of the Sacraments, please |
| Parent/Gua | rdian Information |
| Family Name: | |
| Address: | |
| City: Stat | re: 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, are participation in the program. ☐ YES ☐ NO | nd audio recordings of my Child in connection with my Child's |
| Are you registered parishioners at St. John the Evangelist? _ | YESNO |
| (If not please list your registered parish) | |
| | |
| WE NEED YOUR HELP | ! – Volunteer Opportunities |
| , , , , , | elp of our volunteers. We kindly ask you to consider volunteering of the options below. |
| | |
| Hallway MonitorProvide Meals/Snacks | |
| Classroom Halner | |

| | Individua | l Youth Information |
|--|--|--|
| outh's Name: | | Date of Birth: |
| Place of Birth: | Age: | Grade entering in fall of 2025 Gender M F |
| :mail: | | Cell: |
| Has your teen received the Sacramen | t of: Baptism - YES | NO First Communion - YES NO |
| Place of Baptism: | Place | of First Communion: |
| give permission for my teen to recei | ve text updates via F | ocknote about events and programming. YES NO |
| Medical Conditions/Allergies: | | |
| Please explain any disabilities your ch | ild has: | |
| Prescription Medications: | | |
| REGISTRATION \$120 – Family Fee 1 Teen \$160 – Family Fee 2 Teens \$180 – Family Fee 3 or more Teens | | is payable to: In the Evangelist |
| EVENTS, ETC. I AGREE TO PAY THE FEES | ABOVE THAT HELP TO | |
| Please check form of payment: | Check Check | |
| Please check form of payment: | Check Check | Credit Card Cash |
| Please check form of payment: Signature and Date: | Check Check Notice of Non-Verif | Credit Card Cash |
| Please check form of payment: Signature and Date: St. John the Evangelist and the with the safety and wellbeing of all child that if your child is not immunized, he/s protection. Vaccine preventable disease education program. If an outbreak of the education program, the child's risk of control of the co | Check Check Check Notice of Non-Verification Archdiocese of Baltimoleren as our primary focus in is not required to particle is considered at risk es still exist, and especiale disease against which intracting the disease in | Credit Card Cash Credit Card Cash Credit Card Cash Cash Credit Cash Credit Card Cash Credit Cash Credit Card Cash Credit Cash Credit Card Cash Credit Card Cash Credit Cash Cr |
| Please check form of payment: Signature and Date: St. John the Evangelist and the with the safety and wellbeing of all child that if your child is not immunized, he/s protection. Vaccine preventable disease education program. If an outbreak of the education program, the child's risk of control of the Parish, pare immunization. This voluntary enrollments. | Notice of Non-Verification as our primary focusing is not required to particle disease against which intracting the disease in tion at the Parish is comparts and guardians reconst similarly means that prore are not responsible. | Credit Card Cash Credit Cash Credit Card Cash Credit |
