

REGISTRATION-Middle & High School

OCIA

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

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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.

Order of Christian Initiation of Adults-Adapted for Teens (OCIA) - The process established for the universal Church for individuals to become Catholic and receive the sacraments of initiation — Baptism, Confirmation, and the Eucharist. The Rite speaks of conversion as a "spiritual journey." Centered on fostering a deep relationship with Jesus and the Church he founded, this journey takes place through distinct stages over a period of time suitable to bring about a thorough catechesis, significant experience of the parish community, and commitment to the liturgical and moral life of the Catholic faithful.

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Parent/Guardian Information						
Family Name:						
Address:						
City:	State	: Ziŗ	p:			
Father/Guardian Name:		Email:				
Cell:	Work:	DOB:				
Mother/Guardian Name:		Email:				
Cell:	Work:	DOB:				
I give permission to receive	text updates and reminders via F	ocknote regardii	ng my teen's formation. □ YES □ NO			
I hereby authorize the Paris participation in the program		audio recording	gs 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						
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:					
Has your teen received the Sacrament of: B	aptism - YES NO	Place of Baptism:					
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 ha	s:						
Prescription Medications:							
\$120 – Family Fee 1 Teen \$120 – Family Fee 2 Teens \$160 – Family Fee 2 Teens \$180 – Family Fee 3 or more Teens 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 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 risks associated with lack of immunizat understand and agree that St. John the for any disease contracted by a child w Parish.	at the Parish, par ion. This volunta Evangelist and tl	ents and guardians re ry enrollment similarl ne Archdiocese of Bal	ecognize, appreciate, ar ly means that parents a timore are not responsi	nd assume the nd guardians ble or liable			
Signature and Date:							