## **2021/2022 REGISTRATION**

St. John the Beloved Children's Faith Formation Program St. John the Beloved Catholic Church 6422 Linway Terrace, McLean, VA 22101

TODAY'S DATE:FAM	ILY NAME:
STREET ADDRESS:	
	ZIP CODE:
CONTACT PHONE:	Is this a cell? Yes No
EMERGENCY CONTACT:	
NAME:	PHONE:
Relationship to child: <b>FATHER</b>	Relationship to child: MOTHER
NAME:	NAME:
Cell Phone:	Cell Phone:
Email:	Email:
RELIGION:	
	No needs we could help you with? (Baptism, Confession, ang of the Sick, becoming Catholic, etc)
friendship with Him. We accomplish this b	s to help kids encounter Jesus Christ and grow in by teaching all of the truths that Jesus Christ revealed on children build a real friendship with Christ through
<ul><li>Instruction in the truths of the Catholic</li><li>Training in prayer: learning how to en</li><li>Helping youth to form habits of virtue</li></ul>	c faith counter Christ through prayer in age-appropriate ways
	primary educators of their children, and our weekly important task of sharing the Catholic faith with their parents in this endeavor through:
•	can connect with your child about religious education e meaningful conversations about faith at home
We are excited to return to in-person faith take place on Tuesday evenings from 6	formation for the 2021-22 school year. <b>Sessions will</b> 5:30 - 8:00pm for all grades.

**REGISTRATION FEE:** \$125.00 per student

Register individual children on the reverse of this page.

## **2021/2022 REGISTRATION**

## St. John the Beloved Children's Faith Formation Program St. John the Beloved Catholic Church 6422 Linway Terrace, McLean, VA 22101

1. STUDENT NAME:*	•	` .	,
School:			
Birth Date:			
Allergies/special needs:			
 Attended CCD 2020/2021: Y N		Registered Here Before: Y_	N
Baptism: Y N Year?		First Penance: Y N	
First Communion: Y N		Confirmation: Y N	
<b>2.</b> STUDENT NAME:*		Sex: M	F
School:			
Birth Date:	CCD Grade:		
Allergies/special needs:			
 Attended CCD 2020/2021: Y N		Registered Here Before: Y_	_ N
Baptism: Y N Year?		First Penance: Y N	
First Communion: Y N		Confirmation: Y N	
3. STUDENT NAME:*		Sex: M	F
School:			
Birth Date:			
Allergies/special needs:			
 Attended CCD 2020/2021: Y N		Registered Here Before: Y_	N
Baptism: Y N Year?		First Penance: Y N	
First Communion: Y N		Confirmation: Y N	
<b>4.</b> STUDENT NAME:*		Sex: M	F
School:			
Birth Date:			
Allergies/special needs:			
 Attended CCD 2020/2021: Y N	 	Registered Here Before: Y_	N
Baptism: Y N Year?		First Penance: Y N	
First Communion: Y N		Confirmation: Y N	