

St. John of the Cross Church Office of Religious Education
G.I.F.T. Registration Form

www.stjohnofthecrosschurch.org

(203) 758-1326
FAX (203) 758-1852

Last name: _____ Phone: _____ e mail: _____

Address: _____
Street City Zip

Participants – Please include last name if different from above.

Adults: _____

Children: _____ Grade: _____
_____ Grade: _____
_____ Grade: _____
_____ Grade: _____
_____ Pre-K -K: _____ *

*Please note that Saturday 9:00-11:30 AM is the only session with activities specific to Pre-K to Kindergarten students.

****9th & 10th grade Confirmation students are expected to attend the Sunday evening session with their families.**

In order for us to plan for the meal and program, please indicate your 1st and 2nd choice of session. We will try to honor all 1st choice requests on a “**first come, first served**” basis.

We will notify you only if your 1st choice is unavailable.

Saturday, April 10th
_____ A. 9:00 – 11:30AM*

Sunday, April 11th
_____ B. 5:00 – 7:30 PM **

Volunteer opportunities:

Please check here _____ if you are able to contribute a food item for this meal.
The Food Committee will contact you.

Please return this form NO LATER than **April 2nd** to the Religious Education Office, OR you may drop it in the G.I.F.T. Box located in the back of the church.