St. John the Baptist Clyde

Parish Religious Education

2026-2027

STUDENT INFORMATION

Student's name:_____

Grade:_____

Student email: (JH/HS only)_____

Student cell: (JH/HS only)_____

Student's name:_____

Grade:_____

Student email: (JH/HS only)_____

Student cell: (JH/HS only)_____

Student's name:_____

Grade:_____

Student email: (JH/HS only)_____

Student cell: (JH/HS only)_____

Student's name:_____

Grade:_____

Student email: (JH/HS only)_____

Student cell: (JH/HS only)_____

PARENT/GUARDIAN INFORMATION

Mother/Guardian:_____Father/Guardian:_____

Address:_____Address:_____

Home phone:_____Home phone;_____

Cell phone:_____Cell phone:_____

Work phone_____Work phone:_____

Email:_____Email:_____

Emergency Contacts

Name_____Phone_____

Other Contact

Name_____Phone_____

Religious Education Schedule
St. John the Baptist Catholic Church
2026-2027

September 2026
16 – CYO Kickoff grades 9-12 (6:30 PM)
20 -- PRE
23 -- 7/8th class & High School Class (7:00 PM)
27 -- PRE
30 – 7/8th class & High School Class (7:00 PM)

October 2026
4 – PRE
7 – 7/8th class & High School Class (7:00 PM)
11 – PRE
14 – 7/8th class & High School Class (7:00 PM)
18 – PRE & *Safe Environment Program*
21 – 7/8th class & High School CYO *Drive By Prayer*
25 – PRE
28 – 7/8th class & High School Class (7:00 PM)

November 2026
1 – PRE & *Saints Party*
4 – 7/8th class & High School Class (7:00 PM)
(*Safe Environment Program*)
8 – PRE
11 – 7/8th class & High School Class (7:00 PM)
15 – PRE
18 – 7/8th class & High School Class (7:00 PM)
22 -- PRE
25 – **NO MS/HS Class (Thanksgiving Break)**
29 – **NO PRE (Thanksgiving Break)**

December 2026
2 – 7/8th class & High School Class (7:00 PM)
6 – PRE
9 – 7/8th class & High School Class (7:00 PM)
13 – PRE
16 – 7/8th class & High School Class **OPEN**
20 – **NO PRE (Christmas Break)**
23 – **NO 7/8th Class OR High School Class (Christmas Break)**
27 – **NO PRE (Christmas Break)**
30 – **NO 7/8th Class OR High School Class (Christmas Break)**

January 2027
3 – PRE
6 – 7/8th class & High School Class (7:00 PM)
10 – PRE
13 – 7/8th class & High School Class (7:00 PM)
17 – PRE
20 – 7/8th class & High School Class (7:00 PM)
24 – PRE
27 - 7/8th class & High School Class (7:00 PM)
31 – PRE

February 2027
3 – 7/8th class & High School Class (7:00 PM)
7 – PRE
10 – **NO CLASS – ASH WEDNESDAY MASS**
14 – PRE
17 – /8th class & High School Class (7:00 PM)
21 – PRE
24 –7/8th class & High School Class (7:00 PM)
28 – PRE

March 2027
3 – 7th/8th Class/High School Class (7:00 PM)
7 – PRE
10 – 7th/8th Class/High School Class (7:00 PM)
14 – **NO PRE (Spring Break)**
17 – **NO 7/8th class & High School Class (Spring Break)**
21 – PRE
24 – 7/8th class & High School Class (7:00 PM)
28 – **NO PRE EASTER SUNDAY**

April 2027
4 – PRE
7 – 7/8th class & High School Class (7:00 PM)
11 – PRE
14 – 7/8th class & High School (7:00 PM)
CYO Canned Food Drive
18 – PRE
21 – St. Mary Confirmation Mass at 7:00 PM
St. John grades 7/8 & 11/12 Class
25 – PRE
28 – **ST. JOHN CONFIRMATION** (7:00 PM)

May 2027
2 – **Last PRE Class, May Crowning & Graduation Mass**
5 – **Last 7/8th Class; CYO End of the Year Party (7:00 PM)**

Totus Tuus
2nd – 12th grade
TBD

CATHOLIC DIOCESE of SALINA

FORM B – MEDICAL INFORMATION

Official legal form for the Diocese of Salina

This form should be completed for any person (under 19 years of age) in parish religious education, Catholic schools, and youth ministry programs and should be completed on an annual basis at the beginning of the program.

Diocese: Salina Parish _____ School _____

Participant's Name: _____

Date of Birth: _____ Place of Birth: _____

Participant's Regular Physician

Name (first/middle/last): _____ Phone (incl. area code):_____

Medical Conditions

Please list any medical conditions of the participant (asthma, diabetes, epilepsy, etc.):

_____

Physical Condition

List any physical condition which the sponsors, doctors, nurses, or other medical personnel should be aware of:

Insect Stings: _____ Fainting Spells: _____

Allergies: _____ Ear Infections: _____

Seizures: _____ Heart Condition: _____

Headaches: _____ Other: _____

Participant's allergies or allergic reactions to medications: _____

Other pertinent information: _____

Dates of last immunizations: MMR _____ TB _____ Tetanus _____

Special dietary needs/restrictions: _____

Medications – prescribed medication currently being taken:

Type: _____ Dosage: _____ How often?: _____

Activities individual should not participate in: _____

Medical Insurance

Company: _____

Plan Number: _____ Employee Identification Number: _____

Emergency Contacts

Parent/Guardian Name (first/middle/last): _____

Daytime Phone (incl. area code): _____ Evening Phone (incl. area code): _____

Other (first/middle/last): _____ Phone (incl. area code): _____

Relationship (friend, neighbor, co-worker, etc.): _____

Media Release Parental Consent Form

Dear Parent:

In completing and signing this Media Release Form, you hereby express an understanding and consent to your child/student to be photographed, video or audio recorded, and that these images or recordings may be included in official Diocesan, Parish, or School Webpage or Social Media posts, materials and campaigns, as well as other secular media initiatives (i.e., Secular Print or Electronic News Media, Newsletters, Webpages, Fund-Raising and Development Efforts, Grant Applications, and Video, PowerPoint or other Presentations).

Photographs, video and audio recordings, social media posts, and print and electronic media may be available for a limited amount of time,_____
and restricted to specific groups of people, _____
and for a specific purpose,_____
but I also understand that due to the nature of these media, there may not be protections from unauthorized dissemination.

- I understand that any photographs, video or audio recordings will only be used by the Diocese, Parish or School in a legal manner and that in no way will my child be depicted in an unethical manner.
- I verify that I have read and understand this Release and am aware of the policy regarding the Guidelines for Communication for the Diocese of Salina.
- I agree to comply with this policy and also understand the Diocese of Salina and parishes and schools may amend or change the policy at its discretion without notice.
- I understand that I may report any concerns or violations to the Office of Communications, the Safe Environment Office, Law Enforcement, or the Kansas Protection Report Center Hotline 1-800-922-5330.
- This Release may be revoked by parent/guardian at any time by written notice.

Child/Student Name:_____ DOB: _____
Parish/School/Group and Location: _____
Parent Name (printed): _____ Phone No:_____
Parent Signature:_____ Date:_____

CATHOLIC DIOCESE of SALINA

Safe Environment Office
Diocese of Salina