

St. John Vianney Religious

Family

Last Name: _____

Education Registration 2022-2023

Address: _____

House # and Street Name

City

State

Zip Code

Mother's Name: _____

Father's Name: _____

First

Last

First

Last

Mother's Phone #: _____

Father's Phone #: _____

Mother's e-mail: _____

Father's e-mail: _____

Child Lives with :

Both Parents

Mother

Father

Shared Custody (please indicate any custody issues)

Emergency Contacts

Name: _____

Relationship to child: _____

Phone#: _____

Additional Information:

List Children's Information - Grades K-8

If your child is **NEW** to our program, please bring a **COPY** of their Baptism Certificate.

First and Last Name of each child in your family enrolling this year 22/23	Grade in Fall 2022	Birthdate (mm/dd/yy)	Gender (M or F)	Was your child Baptized? (Y/N)	Prep for Reconciliation / First Communion this year? (2nd grade) (Y/N)	Prep for Confirmation this year? (8th grade) (Y/N)
1.						
2.						
3.						
4.						

Please select an option below

Classroom

FALL SEMESTER

MONDAY 5-6:30 pm

Grades 1-6

Begins Sept. 12

Classroom

SPRING SEMESTER

MONDAY 5-6:30 pm

Grades 1-6

Begins Jan. 9

Home Study

Sept- April

Grades Kindergarten-6

Tuition Costs: (Non-Refundable)

\$90 One Child
\$130 Two Children
\$160 Three or More Children

Additional Sacrament Prep Fees:

\$50 Reconciliation / 1st Communion
(2nd grade)
\$40 Confirmation (8th grade)

Middle School Hybrid Program (classroom & home study)

Grade 7 (year one Confirmation prep)

Grade 8 (year two Confirmation prep)

OFFICE USE ONLY Tuition Amount: _____

Sacrament Prep Fees: _____

Total Amount Paid: _____

Cash / Check # _____ / Credit Card

Media Release

YES, I consent.

I grant permission for my child to participate and appear in video or audio recording, films, photographs, written articles, or on websites and social media sites, now or in the future, as the parish deems appropriate in publications.

Parent or Legal Guardian: _____ Date: _____

EMERGENCY MEDICAL TREATMENT RELEASE FORM

List allergies, medication, or other medical needs we need to know: Please also indicate if your child self carries any medications.

I hereby authorize the treatment by a qualified and licensed Medical Doctor in an emergency which, in the opinion of the attending physician, may endanger my child's life, cause disfigurement, physical impairment, or undue discomfort is delayed. This authority is granted only after a reasonable effort has been made to reach me. In case of serious accident or illness, I request that a representative of the St. John Vianney Religious Education Program contact me. If I cannot be reached, I hereby authorize said representative to contact the emergency contact listed on the front of this form. If it is impossible to contact any individuals listed, the representative may make whatever arrangements are deemed necessary.

Health insurance Information:

Company: _____

Family Physician: _____

Policy Number: _____

Physician Phone # _____

Group: _____

This release form is completed and signed of my own free will and with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Parent or Legal Guardian

Date