

St. John Vianney Religious Education Registration 2023-2024

Family

Last Name: _____

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 :

Additional information:

Both Parents

Mother

Father

Shared Custody (please indicate any custody issues)

Emergency Contact:

Step Parent(s) Name: _____

Name: _____

Phone # _____

Relationship to child: _____

List Children's Information - Grades K—8 (that you are registering)

Phone #: _____

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 23/24	Grade in Fall 2023	Birthdate (mm/dd/yy)	Gender (M or F)	Was your child Baptized? (Y/N)	Last grade of Religious ed completed.	Are you Preparing for Reconciliation / First Communion this year? (Y/N)	Are you Preparing for Confirmation? (Year TWO students) (Y/N)
1.							
2.							
3.							
4.							

For Elementary Grade please select below

Confirmation Prep program

Home Study

Sept– April

Grades

Kindergarten-6

Classroom

Begins Sept. 12

Sept-Dec

FALL SEMESTER

MONDAY 5-6:30 pm

Grades 1-6

Classroom

Begins Jan. 9

Jan– April

SPRING SEMESTER

MONDAY 5-6:30 pm

Grades 1-6

In Person Meetings

Year One Confirmation prep (grade 7)

Monday Night

Tuesday Night

7:00-8:30 pm

5-6:30 pm

Year Two Confirmation prep (grade 8)

Small group options

scan QR code to pick date



Tuition Costs:

(Non-Refundable)

\$90 One Child

\$130 Two Children

\$160 Three or More Children

Additional Sacrament Prep Fees:

\$50 Reconciliation / 1st Communion

\$40 Confirmation (Year 2 students)

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 -Only if in Person

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: _____

Policy Number: _____

Group: _____

Family Physician: _____

Physician Phone # _____

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

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