



St. John Vianney

2024-2025

Religious Education Registration

Family

Last Name: _____

Is your family registered with
St. John Vianney? (circle one) Yes or No
If no, which parish are you registered with?

Address: _____ City: _____ Zip: _____

Father's Name: _____ Mother's Name: _____

Email: _____ Email: _____

Cell Phone: _____ Cell Phone: _____

Catholic _____ Other _____ Catholic _____ Other _____

Child resides with (circle one):

Both Parents Mother only Father only Shared Custody (indicate any custody issues)

Step Parent(s) Name: _____

Cell Phone : _____

Emergency Contact Person (Other than parent): _____

Phone: _____ Relationship: _____

Photo Release Information

Our Policy: At our classes, workshops, youth offerings, and other special events, we sometimes take pictures for publicity or to share with parishioners and parents. Pictures may be displayed on our bulletin boards, print publications like flyers, our bulletin, newsletters, and occasionally on our parish website (sjvshelby.org). We will not publish any pictures in which children can be recognized by face in local newspapers. Also, we will not publish any names in any of these media.

I DO NOT wish to have pictures of my child(ren) published and I deny permission to St. John Vianney to publish a picture of my child(ren) in any of the above ways

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:

Provider: _____ Policy Number: _____

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.

Things to know:

- **Baptism record needed for all new children.(not sure if we have it bring one with you)**
- **All children who are preparing for a sacrament must be registered in our RE program, unless they attend a Catholic school, or attend a Homeschool approved Catholic program.**

Parent or Legal Guardian

Date

OFFICE USE ONLY

CD CT FF

Tuition Amount: _____

Sacrament Prep Fees: _____

Total Amount Paid: _____

Cash _____

Check # _____

Credit Card _____

Tuition Costs:
(Non-Refundable)
 \$90 One Child
 \$130 Two Children
 \$160 Three or
 More Children
 program change fee **\$37.50 per child (due to material fees)**

Additional Sacrament Prep Fees:
 \$50 Reconciliation
 1st Communion
 \$40 Confirmation
 (Year 2 students)

Child 1

Child 2

Child 3

First & Last Name			
Birthdate			
Gender Male/Female			
Grade 24-25 School Year & School Attending			
In our program last year? If not where did they attend?			
Was your child Baptized Roman Catholic? if yes where?			
Allergic Reactions			
Medical Conditions (physical/psychological/developmental) We should be aware of			
Preparing for Reconciliation & Communion? 2nd grade and older			
Fall Classroom Monday 5:00-6:30 Grade 1-6	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6
Fall Classroom Tuesday 5:00-6:30 Grade 1-6	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6
Home Study Grade K-6	K 1 2 3 4 5 6	K 1 2 3 4 5 6	K 1 2 3 4 5 6
Year 1 Confirmation Monday			
Year 1 Confirmation Tuesday			
Year 2 Confirmation			
Preparing for Confirmation Year 2 students			
Additional Information			