



St. John Vianney

2026-2027

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?

Number of people in your household?

#Adults 18 and over _____ #Children 17 and younger _____

Address: _____ City: _____ Zip: _____

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

Email: _____ Email: _____

Cell Phone: _____ Cell Phone: _____

Roman Catholic ___ Other _____ Roman 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

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.

Parent or Legal Guardian Name-please print

Date

Parent or Legal Guardian Signature

- Baptism record needed for all new children.

OFFICE USE ONLY

CD CT FF

Tuition Amount: _____

Sacrament Prep Fees: _____

Total Amount Paid: _____

Cash _____

Check # _____

Credit Card _____

Tuition Costs: (Non-Refundable) **Additional Sacrament Prep Fees:**

ELEMENTARY ONLY
 To change from Classroom to Home Study there is a fee \$37.50 per child (to cover material fees)
 \$90 One Child
 \$130 Two Children
 \$160 Three or More Children
 \$50 Reconciliation
 1st Communion
 \$40 Confirmation (Year 2 students)

Child 1

Child 2

Child 3

First & Last Name			
Birthdate M/D/YYYY			
Gender Male/Female			
Grade 26-27 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?			
2nd grade and older Preparing for Reconciliation & Communion?			

Elementary

Choose a day/program then circle the grade level they will be in for the 26-27 school year

CLASSROOM MONDAY Sept -March 5:00-6:30pm Grade 1-6	Monday Classes- Grade 1 2 3 4 5 6	Monday Classes- Grade 1 2 3 4 5 6	Monday Classes- Grade 1 2 3 4 5 6
CLASSROOM TUESDAY Sept -March 5:00-6:30pm Grade 1-6	Tuesday Classes - Grade 1 2 3 4 5 6	Tuesday Classes - Grade 1 2 3 4 5 6	Tuesday Classes - Grade 1 2 3 4 5 6
Home Study Grade K-6	Grade K 1 2 3 4 5 6	Grade K 1 2 3 4 5 6	Grade K 1 2 3 4 5 6

Junior High

Choose the program below for junior high and circle.

Year 1 Confirmation	MONDAY 5-6:30pm	TUESDAY 7-8:30pm	MONDAY 5-6:30pm	TUESDAY 7-8:30pm	MONDAY 5-6:30pm	TUESDAY 7-8:30pm
Year 2 Confirmation	MONDAY 7-8:30pm	TUESDAY 5-6:30pm	MONDAY 7-8:30pm	TUESDAY 5-6:30pm	MONDAY 7-8:30pm	TUESDAY 5-6:30pm
Year 2 ONLY Preparing for Confirmation?						