ST. JOHN VIANNEY CATHOLIC CHURCH
RELIGIOUS EDUCATION REGISTRATION 2021-2022

For Office use
Date received _____
Payment amount _____

Please Print	**Father** (Last name, first name)	**Mother** (Last name, first name)
Parent/Guardian		
Address		
City/Zip Code		
Phone: Home/Cell	H. C.	H. C.
Email Address		
Catholic (Y/N)		Catholic (Y/N)
Confirmed (Y/N)		Confirmed (Y/N)

Religious Education Fees K-9th grades (due at registration):
1st child: $150; 2nd child: $150; 3rd child: $80; 4th child: $0

☐ Payment plan needed (call office for more information)

Sacramental Materials Fees
- Reconciliation/Eucharist: Total $25/student
- Confirmation (10th grade): $150

STUDENT INFORMATION

Elementary School (Grades K-5): RE sessions: Wednesday 6-7:15 pm				Sacraments Received (Please Check)				Date of Baptism	Church Name/City Where Baptized
Name (last, first)	Grade	Birthday	School Attending	Baptism	Confession	Eucharist	Confirmation		

Middle School (Grades 6-8): RE sessions: Wednesday 6-7:15 pm				Sacraments Received (Please Check)				Date of Baptism	Church Name/City Where Baptized
Name (last, first)	Grade	Birthday	School Attending	Baptism	Confession	Eucharist	Confirmation		

High School **(Grade 9):** RE sessions: Sundays begins with 8:15 Mass - 11:30 am **(Grade 10):** Confirmation Sessions (TBD)				Sacraments Received (Please Check)				Date of Baptism	Church Name/City Where Baptized
Name (last, first)	Grade	Birthday	School Attending	Baptism	Confession	Eucharist	Confirmation		

Authorization for Medical Treatment

As the parent and/or legal guardian, I do hereby authorize medical treatment for each of the following minor children in the event of a medical emergency (**please indicate each child's full name on the line below):**

_____

This Authorization shall be valid for a period of one year from the date of signature. A photocopy of this Authorization shall be as valid as the original

_____ _____

Signature of parent or guardian Date

****

Another person to contact in case of emergency

Name/relationship:_____ Phone:_____

Medical information: (allergies, diabetes, medications, etc.)

Name:_____

Comments:_____

_____

_____

Treatment: _____

Special learning needs:

Name:_____

Comments:_____

_____

_____

Photo Video Release Form

As the parent and/or legal guardian, I hereby give permission for images of my child captured during SJV Faith Formation activities through video and photo to be used solely for the purposes of St. John Vianney Faith Formation promotional material and publications, and waive any rights of compensation or ownership thereto.

I agree to the terms above

_____ _____

Signature of parent or guardian Date

OR

I am choosing to decline this waiver

_____ _____

Signature of parent or guardian Date