

**ST. JOHN VIANNEY 2021-2022 RELIGIOUS EDUCATION REGISTRATION
KINDERGARTEN – 8TH GRADE + SACRAMENT PREPARATION**

15176 Blessed Mother Blvd. | Fishers, IN 46037 | 317-485-0150

PLEASE WRITE LEGIBLY AND PROVIDE AT LEAST ONE EMAIL ADDRESS.

FLOCKNOTE IS OUR MAJOR WAY TO COMMUNICATE!

PARENT INFORMATION

Address _____ City _____ Zip _____

Father/Step-father _____ Mother/Step-mother _____

Father's Cell (____) _____ Mother's Cell (____) _____

Father's Email _____ Mother's Email _____

Emergency Contact _____

Relationship _____ Phone (____) _____

STUDENT INFORMATION

Student's FULL Name _____ MALE / FEMALE

Date of Birth _____ Grade _____ School _____

Please sign me up for:

Religious Education First Reconciliation & Holy Communion Confirmation

Sacraments Received:

Baptism Date _____ Church & City, State _____

Reconciliation Date _____ Eucharist Date _____ Church & City, State _____

Please note any allergies, medical or learning needs that would be helpful for us to know:

Student's FULL Name _____ MALE / FEMALE

Date of Birth _____ Grade _____ School _____

Please sign me up for:

Religious Education First Reconciliation & Holy Communion Confirmation

Sacraments Received:

Baptism Date _____ Church & City, State _____

Reconciliation Date _____ Eucharist Date _____ Church & City, State _____

Please note any allergies, medical or learning needs that would be helpful for us to know:

Student's FULL Name _____ MALE / FEMALE

Date of Birth _____ Grade _____ School _____

Please sign me up for:

- Religious Education
- First Reconciliation & Holy Communion
- Confirmation

Sacraments Received:

Baptism Date _____ Church & City, State _____

Reconciliation Date _____ Eucharist Date _____ Church & City, State _____

Please note any allergies, medical or learning needs that would be helpful for us to know:

Permission and Liability Waiver:

We, as parents/guardians of the aforementioned minor(s), hereby consent to our child(ren)'s participation in St. John Vianney religious education program for the 2021-2022 school year and agree to hold harmless, St. John Vianney Catholic Church and/or the Roman Catholic Diocese of Lafayette-in-Indiana, Inc., and any and all employees or volunteers thereof, for any accident, injury or occurrence arising out of, or in connection with the aforementioned activity.

Parent/Guardian Signature: _____

Photo Release:

Photos of my child/ren (names will not be used) may be published in the following:

- I give / do not give my consent - *Parish Media (Website, Newsletters, Bulletin)*
- I give / do not give my consent - *The Catholic Moment*
- I give / do not give my consent - *Parish Social Media (Facebook, Instagram)*

Emergency Medical Treatment:

In the event of an emergency, I hereby give permission to St. John Vianney employees and volunteers associated with the aforementioned event to transport my child to a hospital for emergency medical or surgical treatment. I understand that every effort will be made to contact me. If I cannot be reached, I hereby give permission to the physician selected by the parish member in charge to secure proper treatment for my child(ren).

Parent/Guardian Signature: _____

PAYMENT

Religious Education - \$20 per child
 First Reconciliation & Holy Communion - \$45 per child
 Confirmation - \$50 per child
 Please note \$150 max per family

(Office Use)	
<input type="checkbox"/> Online <input type="checkbox"/> Cash <input type="checkbox"/> Scholarship <input type="checkbox"/> Check# _____ Amount Paid \$ _____	
Date received _____ Received by _____	