

St. John Vianney Church ~ Office of Religious Education
2020-2021 Registration

PAGE 1: Student Information

*Please return to the Parish Office with suggested donation (\$75/child or \$100/family)
If you are in need of partial or full scholarship, please speak with the DRE (802-864-4166, sjvred@gmail.com)*

Name of Student: _____ Date and Place of Birth: _____

Sex: _____ Entering Grade: _____ School: _____

Baptism: Date or Year _____ Church _____ City _____

First Reconciliation: Received (circle one) Yes No

First Communion: Date or Year _____ Church _____ City _____

Name of Student: _____ Date and Place of Birth: _____

Sex: _____ Entering Grade: _____ School: _____

Baptism: Date or Year _____ Church _____ City _____

First Reconciliation: Received (circle one) Yes No

First Communion: Date or Year _____ Church _____ City _____

Name of Student: _____ Date and Place of Birth: _____

Sex: _____ Entering Grade: _____ School: _____

Baptism: Date or Year _____ Church _____ City _____

First Reconciliation: Received (circle one) Yes No

First Communion: Date or Year _____ Church _____ City _____

Mother's Maiden name: _____ (For Sacramental Records)

Mailing Address: *(name and full address of head of household/parents)*

E-mail Address: _____ Home Phone: _____

****At times, we may need to text you with important class updates. Please check which phone number you prefer to use for text messages.**

Mother's Cell Phone _____ This number may be used for Rel. Ed. related texts

Father's Cell Phone _____ This number may be used for Rel. Ed. related texts

Mother's Work Phone _____ Father's Work Phone _____

Please name any other adults who may be taking responsibility for transportation or communication regarding child's religious education:

PLEASE SEE REVERSE FOR ADDITIONAL QUESTIONS →

PAGE 2: Emergency Information

Home Phone: _____ **Cell/Other:** _____

There may be times when a parent/guardian cannot be reached, so please indicate names of those 'contact' people who will assume temporary care of your child if you cannot be reached.

1. _____
Name Street/City/State Relationship to student

Work # Home # Cell phone #
Does this person have permission to pick up the student? Yes _____ No _____

2. _____
Name Street/City/State Relationship to student

Work # Home # Cell phone #
Does this person have permission to pick up the student? Yes _____ No _____

3. _____
Name Street/City/State Relationship to student

Work # Home # Cell phone #
Does this person have permission to pick up the student? Yes _____ No _____

In case of accident or serious illness, I request the church to contact me immediately. If unable to reach me, I hereby authorize the church officials to call the physician indicated below and to follow her/his instructions. If it is impossible to contact this physician, church officials may make whatever arrangements are necessary.

Physician's name and telephone

Date of last physical

Dentist's name and telephone

Date of last exam

Parent Signature _____

Please Note: All Emergency Forms must be received before the first class.

PERMISSION: I, _____, parent/guardian of the above student, give permission for this student to participate in the 2020-2021 Religious Education Program by attending classes and events. I understand that it is my responsibility to see that he/she gets to and from the class and other events safely.

SIGNED: _____ DATE: _____