



SAINT VINCENT DE PAUL CATHOLIC CHURCH

OUR PARISH MISSION: *Following Jesus and centered in the Eucharist, we worship God and serve others.*

FAITH FORMATION IN ENGLISH Registration 2010-11

For office use only	
Date Rec:	_____
ID #:	_____
Initials:	_____ entered _____

Parents of the students *must speak and understand English* in order to participate in Parent Meetings and Faith Formation Activities; otherwise, please register your child in Faith Formation in Spanish Program.

<p align="center"><u>PROGRAM IN ENGLISH:</u></p> <p>Please check the boxes that apply to your child</p> <p>Preschool</p> <p><input type="checkbox"/> Catechesis of the Good Shepherd (3 – 6 years old) If you would like to enroll your child in our Preschool program, please request a Catechesis of the Good Shepherd registration form.</p> <p><input type="checkbox"/> Childcare Sunday 10:00 AM & 11:30 AM (Free)</p> <hr/> <p><input type="checkbox"/> RCIA (Rite of Christian Initiation) Non baptized children</p>	<p>First Communion</p> <p><input type="checkbox"/> Monday 4:00-5:30 PM Grades 1-5</p> <p><input type="checkbox"/> Monday 7:00-8:30 PM Grades 6-8</p> <p><input type="checkbox"/> Tuesday 5:00-6:30 PM Grades 1-5</p> <hr/> <p>Elementary School Ministry (Club 345)</p> <p><input type="checkbox"/> Tuesday 5:00-6:30 PM Grades 3-5</p> <hr/> <p>Middle School Ministry (The Edge)</p> <p><input type="checkbox"/> Monday 7:00-8:30 PM Grades 6-8</p> <p>Note for Youth Ministry & Confirmation Programs: If you would like to enroll your child in the Youth Ministry or Confirmation Programs, please request a High School Ministry registration form.</p>
---	---

PLEASE PRINT: Child or Children's First Names: #1 _____, #2 _____

Family Last Name _____	Address _____	Apt. # _____	City _____	Zip _____
Home Phone # _____	Are you registered in our Parish? <input type="checkbox"/> Yes _____ <input type="checkbox"/> No _____			
				Envelope # _____

Father or Legal Guardian _____ Religion _____

First Last

Father's Work or Cell # _____ E-mail: _____

Father currently married? Yes No If yes, are you married in the Catholic Church? Yes No

Mother or Legal Guardian _____ Religion: _____

First Maiden Last Name

Mother's Work or Cell # _____ E-mail: _____

Mother currently married? Yes No If yes, are you married in the Catholic Church? Yes No

Who do the children live with? Both Parents Father Mother Other _____

Person other than Parent to notify in case of an Emergency:

Name: _____ Relationship: _____ Phone #: _____

Faith Formation Registration Fee: Please note changes: Early bird registrations if paid in full before August 1, 2010, the cost is \$60 per student with a \$180 maximum per family (\$85 per student for non-parishioners). Beginning August 1, 2010, the cost will be \$85 per student with a \$255 maximum per family (\$110 per student for non-parishioners). A Monthly payment plan is available upon request.

Cash, Checks, and credit cards are accepted. Make checks payable to: **S.V.D.P.** (Saint Vincent De Paul).

FOR OFFICE USE ONLY:	Registration _____	Other \$ _____	Total Amount Due \$ _____
Date: _____	Amount Paid \$ _____	Method of Payment _____	Balance \$ _____
<input type="checkbox"/> Kids and Safety	<input type="checkbox"/> Registration Requirements Packet	<input type="checkbox"/> Retreat	<input type="checkbox"/> E-mail address
NOTES: _____			

STUDENT REGISTRATION 2010-2011
MUST COMPLETE ONE SECTION BELOW PER CHILD
Please include a copy of each student's Baptismal Certificate

#1 Student's First Name _____ Last Name _____ Male Female

Grade _____ Age _____ School Attending _____

Place of Birth _____ Date of Birth _____

Date of Last Faith Formation class attended _____ What Church _____

Catholic Baptism? Yes No Other _____

•Baptism Date _____ Church of Baptism _____

Church Address: _____

City: _____ State: _____ zip _____

•Date of First Reconciliation: _____ Church of First Reconciliation: _____

Church Address: _____

City: _____ State: _____ zip _____

•Date of First Communion: _____ Church of First Communion: _____

Church Address: _____

City: _____ State: _____ zip _____

•Date of Confirmation: _____ Church of Confirmation: _____

Address: _____

City: _____ State: _____ zip _____

Is there a medical condition, allergy, learning or physical disability we should know about? No Yes If yes, please explain _____

#2 Student's First Name _____ Last Name _____ Male Female

Grade _____ Age _____ School Attending _____

Place of Birth _____ Date of Birth _____

Date of Last Faith Formation class attended _____ What Church _____

Catholic Baptism? Yes No Other _____

•Baptism Date _____ Church of Baptism _____

Church Address: _____

City: _____ State: _____ zip _____

•Date of First Reconciliation: _____ Church of First Reconciliation: _____

Church Address: _____

City: _____ State: _____ zip _____

•Date of First Communion: _____ Church of First Communion: _____

Church Address: _____

City: _____ State: _____ zip _____

•Date of Confirmation: _____ Church of Confirmation: _____

Address: _____

City: _____ State: _____ zip _____

Is there a medical condition, allergy, learning or physical disability we should know about? No Yes If yes, please explain _____