



**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 2009-10**

Please complete both sides of form.

<b>For office use only</b>	
Date Rec:	_____
ID #:	_____
Initials:	_____ Com: _____

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

<p align="center"><b>PROGRAM IN ENGLISH:</b></p> <p>Please check the boxes that apply to your child</p> <p><b>Preschool &amp; Childcare</b></p> <p><input type="checkbox"/> Sunday 10:00 AM</p> <p><input type="checkbox"/> Catechesis of the Good Shepherd, a Montessori Preschool Program, is coming soon! Please check box for more information.</p> <hr/> <p><input type="checkbox"/> <b>RCIA</b> (Rite of Christian Initiation) Non baptized children</p> <hr/> <p><b>Kinder</b></p> <p><input type="checkbox"/> Monday 4:00-5:30 PM</p> <p><input type="checkbox"/> Tuesday 5:00-6:30 PM</p>	<p align="center"><b>First Communion</b></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 align="center"><b>Elementary School Ministry (Club 345)</b></p> <p><input type="checkbox"/> Tuesday 5:00-6:30 PM Grades 3-5</p> <hr/> <p align="center"><b>Middle School Ministry (The Edge)</b></p> <p><input type="checkbox"/> Monday 7:00-8:30 PM Grades 6-8</p> <p><b>Note: Youth Ministry &amp; Confirmation Programs</b> If you would like to enroll your child in the Youth Ministry or Confirmation Programs, please request a High School Ministry registration form.</p>
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**PLEASE PRINT:** Child or Children's First Names: #1 \_\_\_\_\_, #2 \_\_\_\_\_

**Family Last Name** \_\_\_\_\_ **Address** \_\_\_\_\_ **Apt.#** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_\_

Home Phone # \_\_\_\_\_ Are you registered in Parish?  Yes  No

**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 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, 2009 the cost is \$60 per student with a \$180 maximum per family (\$85 per student for non-parishioners). Beginning August 1, 2009, 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).

<b>FOR OFFICE USE ONLY:</b>			
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"/> E-mail address	

**STUDENT REGISTRATION 2009-2010**  
**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 \_\_\_\_\_