



Saint Vincent De Paul Catholic Church

Religious Education Registration 2003-2004

Please, complete both sides of form.

For office use only

Date: _____

ID #: _____

Initials: _____ Com: _____

PROGRAM IN ENGLISH:

Please check the boxes that apply to your child

Preschool & Childcare (No Fee)

Sunday 10:00 AM

Grades Kinder- 5

Monday 4:00-5:30 PM

Tuesday 5:30-6:45 PM

First Communion

Monday 4:00-5:30 PM Grades 1-5

Monday 7:00-8:30 PM Grades 6-8

Tuesday 5:30-6:45 PM Grades 1-5

Junior High Ministry (The Edge)

Monday 7:00-8:30 PM Grades 6-8

Youth Ministry & Confirmation Programs

If you would like to enroll your child in the Youth Ministry or Confirmation Programs, please request a High School Program registration form.

PROGRAM IN SPANISH:

Please check the boxes that apply to your child

Grades Kinder-8

Thursday 5:00-6:30 PM

Saturday 9:00-10:30 AM

Saturday 11:00- 12:30 PM

First Communion

Thursday 5:00-6:30 PM

Saturday 9:00-10:30 AM

Saturday 11:00- 12:30 PM

Please Print:

Family Last Name _____ Address _____ Apt.# _____ City _____ Zip _____

Home Phone _____ Email Address: _____

Father's Work # _____ Mother's Work # _____

Emergency Phone _____ Name/Relationship _____

Father or Legal Guardian _____ Religion _____
First Last

English Speaking ___ Yes ___ No. If no, what language is spoken: _____

Mother or Legal Guardian _____ Maiden Last Name _____ Religion _____
First

English Speaking ___ Yes ___ No. If no, what language is spoken: _____

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

Religious Education Registration Fee: \$45 per student with a \$135 maximum per family (\$65 per student for non-parishioners). **After September 1, 2003, the cost will be \$55 per student (\$75 per student for non-parishioners).** A Monthly payment plan is available upon request.

Cash or checks are accepted. Make checks payable to: **S.V.D.P.** (Saint Vincent De Paul).

FOR OFFICE USE ONLY: Registration _____ Retreat _____ Total Amount Due \$ _____

Date: _____ Amount Paid \$ _____ Method of Payment _____ Balance \$ _____

Comments: _____

STUDENT REGISTRATION 2003-2004
MUST COMPLETE ONE SECTION BELOW FOR EACH STUDENT
Please include a copy of your each student's Baptismal Certificate

#1 Student's Student's First Name _____ Last Name _____
Grade _____ Age _____ School Attending _____
Place of Birth _____ Date of Birth _____
Date of Last Rel. Ed. Class attended _____ What Church _____
Catholic Baptism? Yes No Other _____
Baptism Date _____ Church of Baptism _____
Address: _____
City: _____ State: _____ zip _____
Date of First Reconciliation: _____ Church of First Reconciliation: _____
Address: _____
City: _____ State: _____ zip _____
Date of First Communion: _____ Church of Holy Communion: _____
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 _____
Grade _____ Age _____ School Attending _____
Place of Birth _____ Date of Birth _____
Date of Last Rel. Ed. Class attended _____ What Church _____
Catholic Baptism? Yes No Other _____
Baptism Date _____ Church of Baptism _____
Address: _____
City: _____ State: _____ zip _____
Date of First Reconciliation: _____ Church of First Reconciliation: _____
Address: _____
City: _____ State: _____ zip _____
Date of First Communion: _____ Church of Holy Communion: _____
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