

St. John Vianney Church ~ Office of Religious Education
2017-2018 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 (Chelsea Fournier)*

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

Sex: M F Entering Grade: _____ School: _____

Baptism: Date of _____ Church _____ City _____

First Reconciliation: Received (circle one) Yes No

First Communion: Date _____ Church _____ City _____

Special needs/Allergies: _____

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

Sex: M F Entering Grade: _____ School: _____

Baptism: Date of _____ Church _____ City _____

First Reconciliation: Received (circle one) Yes No

First Communion: Date _____ Church _____ City _____

Special needs/Allergies: _____

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

Sex: M F Entering Grade: _____ School: _____

Baptism: Date of _____ Church _____ City _____

First Reconciliation: Received (circle one) Yes No

First Communion: Date _____ Church _____ City _____

Special needs/Allergies: _____

Mailings addressed to: *(name and full address of head of household/parents)*

_____ Email _____

_____ Home Phone _____

_____ Cell/other Phone _____

****Please circle primary phone number that should be used for Religious Education communication****

Father _____ Work Phone _____

Mother _____ Work Phone _____

Maiden name: _____ (For Sacramental Records)

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 2017-2018 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:** _____