

St. Vincent de Paul Parish
 Family Faith Formation
 101 St. Vincent de Paul Dr Milford, PA 18337-9672

2019-2020 Registration
 570-686-3493

Date: _____

Family Information:

When sending mail, address to (Please circle): Mr. & Mrs. Mr. Mrs. Miss. Ms. Dr. & Mrs. Dr. & Mr. Other _____

Father's Full Name: _____

Mother's Full Name: _____ Maiden Name: _____

Address: _____ City: _____ Zip Code: _____

Father's Cell (with carrier name): _____ Mother's Cell (with carrier name): _____

Home Phone: _____

Father's Email: _____ Mother's Email: _____

Emergency Contact Name: _____ Relationship to child(ren): _____

Emergency Contact Phone #: _____

Students Name (Grades 1-10) Please include last name if different from parents.	Name of the public school your child attends?	Public school Grade in 2019-2020	Is Student new to our Program?	Where was the student Baptized? <i>If your child is new to the program a copy of their Baptismal Certificate must to be attached to the registration form.</i>	Please check if your child has received the following Sacraments	List any allergies, IEPs, or special circumstances.
1.			Yes No		__Penance__ First Eucharist	
2.			Yes No		__Penance__ First Eucharist	
3.			Yes No		__Penance__ First Eucharist	
4.			Yes No		__Penance__ First Eucharist	

Registering for: Please check **all** that apply for your family

___ **Weekly Classroom** - Grades 1-8 (circle class day below)

Wednesday Evening 5:30- PM - 6:45PM

Sunday Morning 9:45AM - 11:00 AM

_____ **Reconciliation and First Eucharist Preparation Program** consists of a two (2) year course - usually in **First and Second Grades**

_____ **Confirmation Preparation Program** consists of a two (2) year program - usually in **Seventh and Eighth Grades**

N.B.

Both the First Eucharist and Confirmation Programs necessitate additional fees to assist in the funding of the Retreats and other activities which are part and parcel of these very important Preparatory Programs.

All payments are due at time of registration, in the form of cash or checks payable to St. Vincent de Paul Parish. The cost is \$35.00 per child with a \$125.00 maximum per family. Please mail in your registration and payment to: St. Vincent de Paul Parish Office - 101 St. Vincent Drive, Milford, PA 18337 or you can drop it off during Parish Office Hours. If your family is experiencing financial hardship, please call Fr. John. I am happy to make special arrangements; no child will be refused due to finances.

Office use only please: Paid _____ Cash or Check # _____

We are excited to offer our families many program options, however we can not do it without your help. Please prayerfully consider sharing your faith by being a part of our team.

Name: _____

Catechist (Grade ____) Catechist Aide (Grade ____) Office help during class time ____ Monthly workshops ____

Weekday office volunteer ____ Coffee Hour Set up volunteer during Sunday class time ____

I understand that participation in this program will be following age appropriate teachings of the Roman Catholic Church that include safe environment, relationship, and pro-life. Furthermore, I understand that pictures taken during this program may be used in diocese or parish marketing, website or social media platforms. If I wish to opt out of any of these items I need to provide a separate written letter to the office.

Parent Signature: _____