Family Information:

Family Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Our family will NOT be returning for the 2018-19 school year. Please send our children's records to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ parish.

Father's Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mother's Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code:\_\_\_\_\_\_\_\_\_\_\_\_\_

Father's Cell:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mother's Cell:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father's Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mother's Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

St. John Vianney Faith Formation

2018-2019 Registration 716-674-9145

All Families must be registered with the Parish to participate in Faith Formation.

Today's Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special Consideration:

Allergies (Food/Medication):

Are there any other circumstances which may have an impact on your child this year of which we need to be made aware? Examples: IEP, Physical Accommodations :

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Students Name (Grades 1-10)Please include last name if other than family name | Name of the School your childattends? | Grade in Fall | Is Student new to the Program? | Where was the student Baptized?*If your child is new to the program a copy of their Baptismal Certificate must to be attached to the registration form.* | 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 |  |
| 5. |  |  | Yes No |  | \_\_Penance\_\_First Eucharist |  |

Continue on back, complete & **SIGN**

**All payments are due at time of registration, in the form of cash or checks payable to St. John Vianney. The cost is $55.00 per child with a $200.00 maximum.** If your family is experiencing financial hardship please call our office.

*Office use only please: Paid \_\_\_\_\_\_\_\_\_\_\_\_ Cash or Check #\_\_\_\_\_\_\_\_\_\_\_\_*

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

\_\_\_**Families Together** (on Sundays Grades 1-7):

If this is your option please circle your mass choice, understand that times can fill up and it is on a first come first serve basis.

 Group A ~~Group B (full)~~ Group C Group D 8:00AM Mass ~~10:00AM Mass~~ 10:00 AM Mass 12:00PM Mass

\_\_\_**Families Sharing Faith** (at home Grades 1-7):

If you would like to select the families to share with, please list them below (they must also list you):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ & \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

or

 Please assist me in finding families to meet with.

**Confirmation Prep 1** (Grade 8 or higher)

\_\_\_ Tuesday evening classes from 7PM-8:30PM at SJV ( Check the box if you are interested in volunteering to teach a class.)

**Confirmation Prep 2** (After completing Prep 1) Classes are Tuesday evenings from 7PM-8:30PM

\_\_\_ Tuesday evening classes from 7PM-8:30PM at SJV ( Check the box if you are interested in volunteering to teach a class.)

\_\_\_ **Confirmation Final Prep** (After completing Prep 1 and Prep 2)

 Please circle the date of the retreat the student will attend. Each retreat will max out at 45 students and are first come first served.

 September 29, 2018 or October 28, 2018

I understand that participation in this program will be following 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 Director of Parish Wide Evangelization and Catechesis.

Parent Signnature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_