

St. John Vianney Faith Formation

2018-2019 Registration 716-674-9145

Today's Date: _____

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

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: _____

Students Name (Grades 1-10) <small>Please include last name if other than family name</small>	Name of the School your child attends?	Grade in Fall	Is Student new to the Program? Yes No	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 __Penance__ First Eucharist	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	

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 # _____

Continue on back, complete & **SIGN**

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	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.)

___ I would like to teach a class of 6-8 students (including my child) in my home on _____ day of the week.

___ I would like my child to be in an at home program (if available).

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.)

___ I would like to teach a class of 6-8 students (including my child) in my home on _____ day of the week.

___ I would like my child to be in an at home program (if available).

___ **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 Signature: _____