

ST. VINCENT DE PAUL RELIGIOUS EDUCATION DEPARTMENT
P. O. BOX 290
SPRING BROOK, NEW YORK 14140
stvincentccd@gmail.com
652-7242

NEW STUDENT INFORMATION

YEAR _____

NAME _____
Last First Middle

ADDRESS _____
Number Street City Zip Code

PHONE: _____ Cell Phone: _____ (for emergency purposes)

DATE OF BIRTH _____ ALLERGIES: _____

SPECIAL NEEDS _____ (copy of current IEP is required)

FATHER _____ RELIGION _____

MOTHER _____ RELIGION _____

Address all correspondence to: Mr. and Mrs. _____ Mr. _____ Mrs. _____ Ms. _____

Address, if different from student's _____

Parent E-mail Address _____

Currently registered at _____ Parish

In September, student will be attending: _____

Grade Name of School

SACRAMENTS RECEIVED:

BAPTISM _____
Date Parish City

PENANCE _____
Date Parish City

EUCCHARIST _____
Date Parish City

Office Use: Baptismal Certificate on file Yes _____ No _____

**PLEASE ENCLOSE A COPY OF YOUR CHILD'S BAPTISMAL CERTIFICATE FOR OUR RECORDS
IF YOUR CHILD WAS NOT BAPTIZED AT ST. VINCENT'S.**

PHOTO RELEASE FORM FOR MINORS (if under 18)

SVDP Religious Education Department has my permission to use my or my children's photograph publically to promote SVDP Parish and Religious Education Department. I understand that the images may be used in print publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Parent/ Guardian Signature _____ Date _____

Parent/ Guardian's Name _____

Name of Children _____