

St. Vincent de Paul Religious Education Department
 6441 Seneca Street
 P O Box 290
 Spring Brook, NY 14140
stvincentccd@gmail.com
 (716) 652-7242

RE-REGISTRATION FORM
2017-2018
 Please update necessary information

FAMILY:

Last Name	First Name (Father)	First Name / Maiden Name (Mother)	
Address	City	State	Postal Code
Phone	Cell Phone		
Email Address			

Please note that our main form of communication with parents is by email (snow days, important reminders, class masses, sacramental notifications, liturgical celebrations etc..)

Traditional Religious Education

(K-6th)

Sunday

9:15 AM-10:45 AM

Child's Name		Grade Level
_____		_____
_____		_____
_____		_____
_____		_____

\$50/Child \$100/Family

Child's Name	Family Religion Program	Grade Level
	All Families are welcome (K-8 th)	
	Sunday	
	10:45-12:15 PM	
_____		_____
_____		_____
_____		_____
_____		_____

\$50.00/ Family

Child's Name	EDGE (7 th and 8 th Grade)	Grade Level
_____	Sunday	_____
_____	7-8:30 PM – after 6 PM Mass	_____
_____		_____
_____		_____
	\$50/Child \$100/Family	

Child's Name	LIFE TEEN (9 th - 12 th)	Grade Level
_____	Sunday	_____
_____	7:00- 9:00 PM-after 6 PM Mass	_____
_____		_____
_____		_____
	\$65.00/Child \$120.00/ Family	

Child's Name	FIRST PENANCE (2 nd grade)	Grade Level
_____	Sundays during normal class time	_____
_____		_____
_____		_____
	\$30.00 Sacramental Fee	

Child's Name	FIRST COMMUNION (3 rd grade)	Grade Level
_____	Sundays during normal class time	_____
_____		_____
_____		_____
	\$30.00 Sacramental Fee	

Child's Name	CONFIRMATION (9 th and 10 th Grade)	Grade Level
_____	Sundays 7:00- 9:00 PM- after 6 PM Mass	_____
_____		_____
_____		_____
	\$60.00 Sacramental Fee	

Please total your payment \$ _____ and indicate personal check # _____ or cash _____

ALL CHECKS ARE MADE PAYABLE TO: ST. VINCENT DE PAUL CHURCH

PHOTO RELEASE FORM FOR MINORS (if under 18)

SVDP Religious Education Department has my permission to use my or my children's photographs 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 _____