



2009 – 2010 ST. VINCENT DE PAUL RELIGIOUS EDUCATION REGISTRATION

Use for Sunday School, Grapevine, EDGE & Life Teen Programs

Date: _____

Parent/Guardian Names: _____

If child does not live with parents please indicate relationship: _____

Home address: _____

street

apt #

city

zip

Mailing address (if different from above) _____

Home Phone (____) _____ Cell or pager (____) _____

E-mail*** _____ Registered in Parish? Yes No

Please provide the email that you are most likely to check between 9am and 5pm M-F

Please complete the following for each child you are registering, preschool (must be three years old before September 1 and MUST be toilet trained) through twelfth grade.

Name child goes by & last name if different from above.	SEX M or F	BIRTH DATE	AGE	GRADE	SCHOOL CHILD ATTENDS	Have children received sacraments? Y/ N			
						Baptism	Com- munion	Recon- ciliation	Confir- mation

Please indicate special needs or requests: (grouped with specific teacher or friend – speech or hearing needs, etc.)

Picture release on back – please indicate choice and sign

Class times are as follows...

- Sunday School (3 yr. thru K) Sunday during the 9:30 a.m. Mass
- Grapevine (gr 1 thru 5) Monday evening 6:00 to 8:00 p.m.
- Sacraments (gr 2-12) Times vary depending on age and Sacrament. A separate form is required for Sacraments.
- Edge (gr 6 thru 8) Sunday evening 6:00 to 8:00 p.m.
- Life Teen (gr 9 thru 12) Sundays beginning with 5:00 p.m. Mass

FAITH FORMATION FEES: Payable at time of registration to help defray costs of materials.

- 1 child \$60.00 payable at time of registration
- 2 children \$70.00 payable at time of registration
- 3 or more children \$80.00 payable at time of registration

Payments are always acceptable. *For Scholarship information please contact Maryelyn Scholz or Claire Shriver.*

Amount Paid: _____ CK# _____ Cash: _____ Scholarship: _____ Balance Due: _____

PERMISSION TO PHOTOGRAPH

YES I hereby grant permission for my child/children to be photographed and/or videotaped during Religious Education activities and events. I understand that my child may decline to be photographed and/or videotaped at any time.

I further grant permission for the resulting photographs and/or videotaped footage to be edited, if necessary, and then published and/or broadcast for the purpose of promoting the Religious education programs at St. Vincent de Paul Parish.

Name (PLEASE PRINT) _____

SIGNATURE _____ DATE _____

NO I hereby decline to grant permission for my child/children to be photographed and/or videotaped during Religious Education activities and events. I have instructed my child/children to decline to be photographed and/or videotaped at all times. *I have further instructed my child/children to notify Religious Education coordinators and leader that he/she may not be photographed and or videotaped under any circumstances.*

Name (PLEASE PRINT) _____

SIGNATURE _____ DATE _____