

St. John Vianney Church ~ Office of Religious Education
2011-2012 Registration

PAGE 1 of 3: Student Information

Please return with suggested donation (\$50/child or \$70/family) and forms 2 & 3 as soon as possible

Name of Student: _____ Today's Date: _____

Sex M F Entering Grade: _____ School : _____

Mailings addressed to: (name and full address of head of household)

_____ Email _____

_____ Home Phone _____

_____ Cell/other Phone _____

****Please circle primary phone number that should be used for Religious Education communication****

Father _____ Work Phone _____

Mother _____ Work Phone _____

Maiden name: _____

Please name any other adults who may be taking responsibility for transportation or communication regarding child's religious education: _____

Student's Date of Birth _____ City of Birth _____

Baptism: Date of _____ Church _____ City _____

First Reconciliation: Received (circle one) Yes No

First Communion: Date _____ Church _____ City _____

SPORTS/ACTIVITIES: _____

SPECIAL NEEDS/FYI: _____

STUDENT LIVES WITH: _____

GRADES 1-6: SUNDAY Class Preference 10:30 am OR 6 pm (please circle)

GRADES 7-8: CLASS SCHEDULE TBD – Will be a regular evening meeting. Please Circle ANY and *ALL*
Potential Times for your student: Sun Eve Mon Eve Tue Eve

PERMISSION: I, _____, parent/guardian of the above student, give permission for this student to participate in the 2011-2012 religious education program by attending classes and events relative to it. I understand that it is my responsibility to see that he/she gets to and from the class and other events safely.

SIGNED: _____ DATE: _____