

**St. John Vianney 2019-2020
Religious Education Registration**

Line Number

(Print All Info Clearly!)

Family Last Name: _____

Member of SJV Parish? Y/N

Full Mailing Address: _____

Primary Phone # _____ Emergency Phone # _____

Primary Contact Email: _____

Mother's Name: _____ Father's Name: _____

*Note any custody or communication issues we should be aware of:

Step 1—List Children To Be Registered (Grades 1—8)

Child's First and Last Name	Grade in Fall 2019	Date of Birth	Gender	Baptism Y/N	Reconciliation Y/N	First Communion Y/N	Attended Rel Ed class in 2018-2019?

Step 2—Please Select Class Options

Family Journey Program

Classroom Program

Please pick a semester and day below

1st Choice:

Fall (Sept—Dec) OR Winter (Jan—April)

Monday 5 PM (Grades 1 thru 8)

Tuesday 5 PM (Grades 1 thru 6)

Tuesday 7 PM (Grades 7 and 8 ONLY)

Wednesday 5 PM (Grades 1 thru 8)

2nd Choice:

Fall (Sept—Dec) OR Winter (Jan—April)

Monday 5 PM (Grades 1 thru 8)

Tuesday 5 PM (Grades 1 thru 6)

Tuesday 7 PM (Grades 7 and 8 ONLY)

Wednesday 5 PM (Grades 1 thru 8)

How are classes assigned? We try to keep siblings together. Priority is given to the order in which you register. Classes fill up quickly.

We cannot guarantee you will get your first choice.

(see page 2)

Step 3—Medical Treatment Release / Media Release

List allergies, medications or other special needs we need to know :

As a parent/guardian, I do hereby authorize the treatment of a qualified and licensed physician of any condition which, in the opinion of the physician, is deemed necessary and appropriate. This authority is granted only after a reasonable effort has been made to reach me. I further authorize the person who presents the minor to sign the Acknowledgment of Receipt of Notice Privacy Rights that may be presented by the physician or health care facility.

Health Insurance Data:

Company: _____ Policy: _____

Group: _____ Contract: _____

Family Physician: _____ Physician's Phone #: _____

This release form is completed and signed of my own free will and with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

I agree to let my child/children be photographed for class project purposes, and I authorize the parish to use, display, copy or post any photographs, now or in the future, as the parish deems appropriate in publications.

_____ Date: _____

Parent or Legal Guardian

Step 4—Review Tuition Costs

Please review the costs below and bring payment with you to your appointment, or we can make payment arrangements. NO ONE will be turned away simply for an inability to pay fees. We accept cash, check (payable to: St. John Vianney) or credit card (MasterCard, Visa and Discover).

\$ 90	One Child	<u>Sacrament Prep Fees:</u>	
\$130	Two Children	\$50	2nd Grade / Reconciliation and First Communion Program
\$160	Three or More Children	\$40	8th Grade / Confirmation Program

REQUESTS to CHANGE CLASS TIME? Please come to the church office by September 13 to fill out a form

Yes, I have attached a copy of my child/children's **BAPTISMAL CERTIFICATES**
(My child is in First Grade or we are new to the SJV Religious Education Program)

Yes, I can volunteer to be a **Substitute Teacher** on the day my children attend class (lesson plans provided)

Yes, I would like to volunteer as a **Children's Liturgy of the Word presenter** during Mass (lesson plans provided)

Yes, I would like to volunteer as a **Hall Monitor** (will sign up online—watch for email from Kristine)

For Office Use Only

Tuition Amount: _____ Sacrament Prep Fees: _____ Amount Paid: _____

Cash _____ Check# _____ Credit Card _____

Payment Arrangements: _____