

For Office Use
Family Name _____
School Year _____
Fee _____ Check # _____ Date _____

St. Vincent de Paul Church

Religious Education Registration Form

2019-2020

Complete form. Print clearly. **For new registrations an original copy of child's Baptismal Certificate is required, as well as any other sacramental record.** The book and materials fee is \$80 for the first child, \$150 for two children, \$205 for three or more. Checks are made payable to **St. Vincent de Paul Church.**

Child's Full Name (First, Middle, Last)	Sex M/F	Date Of Birth	Grade Level Sept. 2019	Day & Time wanted for Religious Education	Office Use Only Day, Time Assigned

Family Name _____ Home Phone # _____

Address _____ Email _____
(Street) (City) (Zip Code)

Father's Name _____ Work or Cell # _____ Religion _____

Mother's Name _____ Work or Cell # _____ Religion _____
(MAIDEN)

Are there any custody/legal issues : yes no (If yes, please provide a complete copy of the latest court order.)

EMERGENCY CONTACT INFORMATION: If we are unable to reach you, whom should we contact?

Name _____

Relationship _____ Phone _____ Cell _____

Signed (Parent/Legal Guardian): _____ Date: _____

CONSENT FOR MEDICAL CARE:

I give permission that, in my absence my children whose names appear on page 1 of this registration form, may receive emergency medical care for injuries and all situations that should occur while participating in the Religious Education Program programs and activities at St Vincent de Paul Parish.

Signed (Parent/Legal Guardian): _____ Date: _____

Is there any other information about your child that should be communicated concerning learning support, medical, or food allergies?

PERMISSIONS

I give permission for my child's picture to appear on bulletin boards and in the parish newsletter in relation to events that happen in the parish

_____ Yes _____ No

I give permission for my child's name to appear in sacrament booklets e.g. First Eucharist, Confirmation.

_____ Yes _____ No

Every year the diocese requires that a lesson be presented on Safe Environment. I give permission for my child to attend this 15 minute presentation on March 24th and March 25th. These lessons are posted at:

<http://phillyocf.org/safe-environment/>

_____ Yes _____ No

Parent's signature _____

Date _____