

ST. VINCENT de PAUL PARISH RELIGIOUS EDUCATION REGISTRATION FORM

2021-2022

FAMILY INFORMATION	
FATHER: Last Name: _____ First Name: _____ Title: _____ Religion: _____ Occupation: _____ Home Phone: _____ Cell Phone: _____ Email: _____ Address: _____ _____	MOTHER: Last Name: _____ Maiden Name: _____ First Name: _____ Title: _____ Religion: _____ Occupation: _____ Home Phone: _____ Cell Phone: _____ Email: _____ Address: _____ _____
MARITAL STATUS: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Re-married <input type="checkbox"/> Widow(er) <input type="checkbox"/> Single	
PARISH REGISTRATION: <input type="checkbox"/> Registered Parishioner of SVdP <input type="checkbox"/> Non-parishioner, registered at: _____	

STUDENT INFORMATION		
DEMOGRAPHICS	CHILD #1	CHILD #2
Last Name:		
First Name:		
Date of Birth:		
School Attending:		
Grade in Fall:		
SACRAMENTS	CHILD #1	CHILD #2
Baptism	Date:	Date:
	Parish:	Parish:
Reconciliation	Date:	Date:
	Parish:	Parish:
Eucharist	Date:	Date:
	Parish:	Parish:

**If your child was NOT baptized at St. Vincent de Paul Parish, a copy of their baptismal certificate must be obtained to receive further sacraments. Please submit with registration.*

STUDENT INFORMATION		
HEALTH HISTORY	CHILD #1	CHILD #2
Allergies:		
Illness or Medical Conditions (i.e. asthma, epilepsy):		
Current Medications:		
If your child has any learning needs, please list any current accommodations in place for them at school:		
Is there any other pertinent information you feel necessary to share about your child for their success:		

EMERGENCY CONTACT INFORMATION		
	NAME:	PHONE NUMBER:
1.		
*2.		

*Please include one emergency contact other than parents.

PROGRAM FEES	
Check all that apply.	
<input type="checkbox"/> Parish Rate – one child - \$85.00	<input type="checkbox"/> Non-Parish Rate – one child - \$100.00
<input type="checkbox"/> Parish Rate – two children - \$170.00	<input type="checkbox"/> Non-Parish Rate – two children - \$200.00
<input type="checkbox"/> Parish Rate – three or more children - \$225.00	<input type="checkbox"/> Non-Parish Rate – three or more children - \$300.00
<input type="checkbox"/> Sacramental Fee -2 nd Grade - \$30.00	
<input type="checkbox"/> Sacramental Fee -8 th Grade - \$30.00	

General Permission

I hereby release and agree to indemnify and hold harmless the parish, its staff and their employees and agents, volunteers, and the Catholic Diocese of Peoria from any and all liability, for injuries, damages, medical expenses or any other loss to my child(ren) or family, including attorney fees, arising from claims of any kind or nature whatsoever from my child(ren)'s participation in this program.

Permission to Seek Medical Help

I understand that in case of illness or injury to my child(ren) listed on this form, the parish will try to notify me or the person I have listed as an emergency contact. In case of said emergency, at a time when I or my emergency contact cannot be notified, I grant full power to the parish to 1) arrange transportation to a proper facility where medical treatment would be administered, and 2) sign releases as may be required in order to obtain any treatment as is required in judgment of medical authorities at the facility.

Photo Release

I grant permission for St. Vincent de Paul Religious Education to publish my child's (children's) photographs on the Parish website, social media sites, and publications.

Parent/Guardian Signature _____ **Date** _____

SVdP RELIGIOUS EDUCATION ADDITIONAL CHILD REGISTRATION FORM

STUDENT INFORMATION		
DEMOGRAPHICS	CHILD #3	CHILD #4
Last Name:		
First Name:		
Date of Birth:		
School Attending:		
Grade in Fall:		
SACRAMENTS	CHILD #3	CHILD #4
Baptism	Date:	Date:
	Parish:	Parish:
Reconciliation	Date:	Date:
	Parish:	Parish:
Eucharist	Date:	Date:
	Parish:	Parish:

**If your child was NOT baptized at St. Vincent de Paul Parish, a copy of their baptismal certificate must be obtained to receive further sacraments. Please submit with registration.*

STUDENT INFORMATION		
HEALTH HISTORY	CHILD #3	CHILD #4
Allergies:		
Illness or Medical Conditions (i.e. asthma, epilepsy):		
Current Medications:		
If your child has any learning needs, please list any current accommodations in place for them at school:		
Is there any other pertinent information you feel necessary to share about your child for their success:		