



Family Faith Formation Grades K4-10 Registration 2019-20

Sundays 8:45-10:45 am **or** Mondays 6:00-8:00 pm

Date received _____

Mother/Guardian

Name: First _____ Last _____

Address: _____

City: _____ Zip: _____

Email (required): _____

Phone: _____

Religion: _____

Father/Guardian

Name: First _____ Last _____

Address: _____

City: _____ Zip: _____

Email (required): _____

Phone: _____

Religion: _____

Where should we send program communication? Mother Father Both parents

For 11th grade, please see separate Confirmation Program Registration Form

Student Name		Grade in Fall 2019				Sacraments Received		
First	Last	Allergies/Special Needs	Sex	Date of Birth / /	Grade in 2019-2020	School	Baptism Date/Church	First Eucharist Date/Church

Emergency Contact: _____ Phone: _____

St. John Vianney Catholic Parish





Photo/Video Release Consent:

Yes-I give permission for St. John Vianney Parish to use photos/video taken of my child during parish events in publications, videos, and on the website.

Parent signature

All families are asked to serve in at least one area:

- Catechist K4-8th grade
- Teacher's Aide K4-8th grade
- Substitute K4-8th grade
- K4-8th Social Activities
- Office Help
- Catechist 9-10th grade
- Other _____
- Set-up/before **one** session

Our Family Faith Formation Program is offered to children in grades K4-10.

Childcare is available during the Sunday morning sessions at no charge for children who have not yet reached age 4.

Check here if you will be requiring Childcare. # of children _____ Ages of children in childcare _____

**Please register
by or before
August 1**

Please Make checks Payable to St. John Vianney (Memo Line FFF registration)

Fee Assessment

2019-2020 Program Fees

Family with 1 child.....	\$250	=	\$ _____
Family with 2 children.....	\$380	=	\$ _____
Family with 3 children.....	\$495	=	\$ _____
2nd Grade Sacramental Fee.....	\$ 75	=	\$ _____
(due in October)			
TOTAL DUE			\$ _____

Registration is NOT complete until you pay in full or set up a six (6) month payment schedule. First payment must be made at time of registration. No child will be denied registration due to financial difficulties. To request a financial aid application, contact the Christian Formation Office (262) 796-3944

OFFICE USE ONLY

Date Received: _____

of Students _____

of Parents _____

Total Due: \$ _____

Amt. Paid \$ _____

Date Pd _____

Clk# _____

