

Faith Formation - Grades K-8 Registration 2016/2017

Church of St. John Vianney • 840 19th Ave North • So. St. Paul, MN 55075 • 651-451-1863
www.sjvssp.org



Registration Deadline: September 9, 2016

<u>Name of Student(s)</u> <small>First, middle & last (if different than parent)</small>	<u>M/F</u>	<u>Birthdate</u>	<u>16/17 Grade</u>	<u>School</u>
_____	_____	___/___/___	_____	_____
_____	_____	___/___/___	_____	_____
_____	_____	___/___/___	_____	_____
_____	_____	___/___/___	_____	_____

Last Name: _____

Church Env. #: _____

Father: _____

Mother: _____

Address: _____

Address: _____

City/State/Zip: _____

City/State/Zip: _____

Phone: (h) _____ (w) _____

Phone: (h) _____ (w) _____

(c) _____

(c) _____

E-mail: _____

E-mail: _____

Parent or Guardian with whom child(ren) live: _____ If parents are not living together, should we send mailings to both parents? Y / N

CLASSES ARE HELD FROM SEPTEMBER 14th to MAY 14th

CLASS TIMES FOR ALL GRADES: 6:00-7:30pm on WEDNESDAY EVENINGS

TUITION:

Parishioners: 1 child - \$75 2 children - \$134 (25% discount for 2nd child) 3 or more children - \$192.50 (50% discount for 3rd Child)

2nd Grade: \$125.00 8th Grade Confirmation: \$240.00

A **\$25.00 non refundable minimum payment** is required with registration to hold your place.

Attention Non-parishioners: Please note that during Sacramental preparation years we will prepare your child for the sacrament, however the sacrament will be administered through your home parish unless you have contacted the Director of Faith Formation for details.

Tuition Policy: Payment arrangements are available by contacting the office at 651-451-1863 year until arrangements are made.

Full time Catechist may waive one tuition fee of \$110: (Note any student receiving full tuition credit can not be counted when calculating a multi-child discount.)

Financial Contributions: Please consider a donation to the FF Program to be used to offset expenses for those families unable to pay full tuition, or toward the purchase of additional lesson-enhancing materials. Your donation is tax deductible.

Amount enclosed: _____

Donation enclosed: _____

<u>Office use only</u>
Date Rec'd: ___/___/___
Amt. Pd: _____
Ck#: _____

- please see back -

Parental Help Needed:

- I will be a catechist.* Grade preference? _____ *Catechists may waive one tuition fee.
- I will be a catechist assistant/aide. Grade preference? _____
- I will be a substitute catechist. Grade preference? _____
- I will help planning/working Special Events, like Fish Fry Nights.
- I will be a hall monitor.

Special Needs Information:

List any information about your children's physical, mental, or emotional needs that may help us better serve your family. This information will be kept confidential for the director and the child's teacher only. **(Please repeat and update any information you have given us in past registrations.)** i.e., A.D.D., A.D.H.D. medications, disabilities (please use relevant medical terms), reading difficulties, accelerated learner, vision/hearing loss...

- Please update his/her file:

My child has NOT received the following Sacrament before the grades listed below:

- Baptism:** Please list name(s) of child(ren) **grade 1 or higher:**
- Reconciliation:** Please list name(s) of child(ren) **grade 3 or higher:**
- First Eucharist:** Please list name(s) of child(ren) **grade 3 or higher:**

Note to the Director: