

**ST. JOHN VIANNEY PARISH SCHOOL OF RELIGION (Grades 1-8)**  
**REGISTRATION 2018 -2019**

Registration Date: \_\_\_\_\_

Family Name: \_\_\_\_\_  
   Family Name    Father    Mother (First/Maiden)

Address: \_\_\_\_\_  
   Street    City    Zip

Best Phone #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Children Live With:    Father    Mother    Both Parents    Custodial Parent: \_\_\_\_\_

Religion of Mother: \_\_\_\_\_ Father: \_\_\_\_\_

Are you a registered member of St. John Vianney:    \_\_\_\_\_ yes    \_\_\_\_\_ no

If no, indicate parish: \_\_\_\_\_

**One Child - \$70   Two - \$110   Three or more - \$130   Home Study - \$30 & \$18 if Book Needed**

**FILL IN THE FOLLOWING INFORMATION FOR EACH STUDENT YOU ARE REGISTERING.**

Check One

STUDENT NAME (Grades 1 - 8) <small>Please Include Last Name if Different from Family Name</small>	Grade 2018-19	School Attending 2018-19	Sunday PSR	Home Study

**SPECIAL CIRCUMSTANCES (PLEASE LIST FOR EACH CHILD):** (i.e. attention deficit, learning disabled, asthma, allergies, illnesses, etc.)

Child	Circumstance
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**NEW STUDENTS ONLY, please complete other side →**

Please - Print and complete this form. Return completed form to the parish office by **August 22, 2018.**

Please fill in this section for each new student:

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Child's Church Of Baptism: \_\_\_\_\_ Date: \_\_\_\_\_

Church City/State

**\*Please attach COPY of Baptismal Certificate**

Child's Reconciliation: \_\_\_\_\_ Date: \_\_\_\_\_

(Penance) Church City/State

Child's First Communion: \_\_\_\_\_ Date: \_\_\_\_\_

Church City/State

Child's Confirmation: \_\_\_\_\_ Date: \_\_\_\_\_

Church City/State

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Child's Church Of Baptism: \_\_\_\_\_ Date: \_\_\_\_\_

Church City/State

**\*Please attach COPY of Baptismal Certificate**

Child's Reconciliation: \_\_\_\_\_ Date: \_\_\_\_\_

(Penance) Church City/State

Child's First Communion: \_\_\_\_\_ Date: \_\_\_\_\_

Church City/State

Child's Confirmation: \_\_\_\_\_ Date: \_\_\_\_\_

Church City/State

**For Office Use Only:**

Payment Enclosed: \_\_\_\_\_

Date Paid: \_\_\_\_\_

Cash: \_\_\_\_\_

Check Number: \_\_\_\_\_

Payment Entered Into OPRS \_\_\_\_\_

SUNDAY PSR Fees	
\$70	One child
\$11 0	Two children
\$13 0	Three or more children
HOME STUDY Fees	
\$30	Per Child Online Fee
\$18	Family Guide, each copy

Total Fees Due: \_\_\_\_\_

\_\_\_\_\_ Registration Entered into OPRS

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