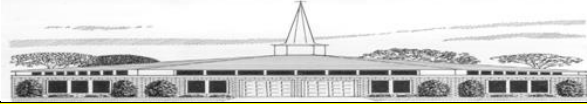


**ST. VINCENT DE PAUL CATHOLIC CHURCH
RELIGIOUS EDUCATION REGISTRATION 2026-2027**



Birth Certificate: _____
Baptism Certificate: _____
FHC Certificate: _____

IN-PERSON REGISTRATIONS ONLY / ONE CHILD PER SHEET / PAYMENT DUE AT REGISTRATION

Child's Full Name: _____	Today's Date: _____
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Street Address: _____

City: _____	State: _____	Zip: _____
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Birthdate: _____	Grade (Fall 2026): _____	Age: _____	Gender: M F	Registered member of SVDP? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Did child attend RE last year? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where? _____	<i>Note: Parish Registration is required for participation in the SVDP RE Program.</i>
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Was child Baptized at SVdP? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when? _____
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<p>As a Catholic, we must attend Holy Mass every week and on Holy Days of Obligation. Students in Sacrament Prep and OCIC classes will be given Mass Attendance Cards to be placed in the collection basket during Holy Mass. Excessive absences from Holy Mass could warrant a delay in reception of the sacraments.</p> <p>Parent Signature: _____</p>	<p>Sacraments RECEIVED:</p> <input type="checkbox"/> Baptism <input type="checkbox"/> Holy Eucharist <input type="checkbox"/> Confirmation
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<p>Will your child be receiving either First Holy Communion or Confirmation <u>THIS</u> year at SVdP? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>For First Holy Communion: A Birth Certificate is required. A Baptism Certificate is required, if not Baptized at SVdP.</i></p> <p><i>For Confirmation: A Birth Certificate is required. A Baptism Certificate is required, if not Baptized at SVdP. A First Holy Communion Certificate is required, if not received at SVdP.</i></p> <p><i>Note: Parents are primary educators. Parents are expected to attend scheduled classes as required.</i></p>

Allergies: _____

<p>Special Needs or Comments: _____</p> <p><i>Note: A parent or family member may be asked to attend class along with the child to provide additional assistance.</i></p>

Name of Person Registering (if other than parent): _____	Relation to Child: _____
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Mother's Name: _____	Mother's Email Address: Preferred Email? <input type="checkbox"/>	Mother's Phone: _____
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Mother's Address (if different from child): _____

Father's Name: _____	Father's Email Address: Preferred Email? <input type="checkbox"/>	Father's Phone: _____
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Father's Address (if different from child): _____

Emergency Contact if above cannot be reached: Name / Phone: _____

<p>I give permission for my child to participate in the VIRTUS Protecting God's Children safety training for the prevention of child abuse. <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
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<p>I would like to volunteer as a teacher, room assistant, or substitute. VIRTUS training and background checks are required. Volunteers will receive a 50% discount on tuition. If so, please indicate your preferred age group:</p> <input type="checkbox"/> Primary Grades (K-5) <input type="checkbox"/> Middle Grades (6-8th) <input type="checkbox"/> High School (9-12th)
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(office use only) R.E. Placement: Class: _____	Teacher: _____
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Invoice #: _____	Paid: _____ of _____	Parish Soft: _____
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