Parish ID # (Envelope #): _____

Registered parishioners: see your offertory envelope.

For Office Use Only

Date Received: _____

Received By: _____

FAITH FORMATION REGISTRATION

2026 – 2027 School Year

Please print clearly and fill out in its entirety.

STUDENT INFORMATION

First Name: _____ Middle Name: _____ Last Name: _____

Place of Birth – City: _____ State: _____ Country: _____

Date of Birth (mm/dd/yyyy): _____ Age: _____ Grade: _____ Gender: ☐ Female ☐ Male

School: _____ Preferred Language: ☐ English ☐ Spanish

If student attends St. John Vianney School, since what grade? _____

SACRAMENTS RECEIVED (if applicable)

Baptism: ☐ Yes ☐ No Date of Baptism: _____

Church of Baptism (name, city, state, country): _____

_____

First Holy Communion: ☐ Yes ☐ No Date of First Communion: _____

Church of First Communion (name, city, state, country): _____

_____

PARENT OR LEGAL GUARDIAN INFORMATION

Father's First Name: _____ Middle Name: _____ Last Name: _____

Phone #: _____ E-mail: _____

Mother's First Name: _____ Middle Name: _____ Last Name: _____

Maiden Name: _____ Phone #: _____ E-mail: _____

Guardian's First Name (if applicable): _____ Middle Name: _____ Last Name: _____

Phone #: _____ E-mail: _____

Student lives with: ☐ Both Parents ☐ Mother ☐ Father ☐ Legal Guardian ☐ Other: _____

Student's Address (# and Street): _____

Apt. #: _____ City: _____ State: _____ Zip Code: _____

Student allergies or other medical conditions:

_____

_____

_____

Faith Formation Registration 2026 – 2027
St. John Vianney Catholic Church

Student Name: _____

EMERGENCY CONTACT

Additional person, different from the student's parents or guardians.

First Name: _____ Last Name: _____

Relationship to Student: _____ Phone #: _____ E-mail: _____

In case of emergency or illness, and neither parent can be reached, do you authorize the Parish Catechetical Leader or an SJV staff member to act if medical assistance is necessary? ☐ Yes ☐ No

LIST OF FAMILY MEMBERS ALSO IN FAITH FORMATION

1) Name: _____ Grade: _____ Relationship: _____

2) Name: _____ Grade: _____ Relationship: _____

3) Name: _____ Grade: _____ Relationship: _____

ADDITIONAL INFORMATION

High school students: Will the student drive him/herself to Faith Formation? ☐ Yes ☐ No

What parish do you belong to and are registered at? _____

REQUIRED DOCUMENTS

Please attach a copy of each that applies:

- ☐ Proof of Baptism (certificate)
- ☐ Proof of First Communion (certificate)
- ☐ Birth Certificate

REGISTRATION DONATION

- ☐ **$50** Regular Faith Formation, no Sacramental Prep (Year 1)
- ☐ **$125** Faith Formation with Sacramental Prep (Year 2)
- ☐ **$125** OCIA (one-time)

PARENT / GUARDIAN SIGNATURE

Signature of Parent or Legal Guardian: _____ Date: _____

OFFICE USE ONLY

Date Received: _____ Amount: $ _____ Cash: _____ Check #: _____ Credit Card Auth #: _____

Payment Receipt #: _____

Documents received: ☐ Baptism Certificate ☐ First Communion Certificate ☐ Birth Certificate

Sacraments in need: ☐ Baptism ☐ First Reconciliation ☐ First Holy Communion ☐ Confirmation

Program Enrolled:

- ☐ Regular Faith Formation
- ☐ First Holy Communion – Year 1
- ☐ First Holy Communion – Year 2
- ☐ Confirmation – Year 1
- ☐ Confirmation – Year 2
- ☐ OCIA Children – Year 1
- ☐ OCIA Children – Year 2
- ☐ OCIA Adults – Year 1
- ☐ OCIA Adults – Year 2

Notes: _____