

PARISH RELIGIOUS EDUCATION PROGRAM

ST. VINCENT FERRER

840 George Bush Blvd. Delray Beach, Florida 33483

(561) 279-8041 * Fax (561) 276-6274

2010/2011

Office Use Only

Birth Cert. _____

Baptism Cert. _____

Fee _____

Check # _____

*** A copy of each child's Birth and Baptismal certificates must accompany this form if it has not been provided in a previous year.***

FAMILY INFORMATION

Family Last Name _____ Home phone _____

Address _____ City _____ Zip _____

MOTHER

First Name _____ Last _____ Maiden _____

Marital Status _____ Occupation _____ Work phone # _____

Address (if different) _____ City _____ Zip _____

Religion _____

FATHER

First Name _____ Last _____

Marital Status _____ Occupation _____ Work phone # _____

Address (if different) _____ City _____ Zip _____

Religion _____

CHILD INFORMATION

CHILD 1

CHILD 2

CHILD 3

NAME: First/Last if different
than family name _____

SEX

M__F__

M__F__

M__F__

GRADE in Fall '10 _____

SCHOOL

DATE OF BIRTH

CITY AND STATE OF BIRTH _____

CHILDREN live with Both parents _____ Mother _____ Father _____ Other _____

PLEASE CHECK SACRAMENTS YOUR CHILD HAS RECEIVED

Baptism

1st Penance

1st Communion

Confirmation

Baptism

1st Penance

1st Communion

Confirmation

Baptism

1st Penance

1st Communion

Confirmation

***ALL FAMILIES MUST BE REGISTERED/CONTRIBUTING MEMBERS OF ST. VINCENT FERRER PARISH.
TUITION: \$75.00 per child; \$150 Max/Family for Registered/Contributing Parishioners- ALL OTHERS-\$275.00
A copy of child's Birth and Baptismal certificate must accompany this registration form if it has not been provided in a previous year.**

Make check payable to St. Vincent Ferrer Parish

***PLEASE FILL OUT BACK SIDE (PAGE 2)**

EMERGENCY INFORMATION

This information must be filled out by parent/guardian.

Whom should we contact in case of emergency?

Name _____

Address _____

Home Phone _____ Work _____ Cell _____

Name _____

Address _____

Home Phone _____ Work _____ Cell _____

Is there any medical information we need to know about your child? Yes ___ No ___

If so, please list:

<u>Name of Child</u>	<u>Condition/Disability/Allergies</u>	<u>Medications</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If we are unable to contact you or the person you designated as emergency contacts, do you give us your authorization to provide appropriate emergency medical action should your child require it while attending our religious education program? Yes _____ No _____

If so which hospital would you prefer your child to be taken to _____

Parent/Guardian Signature _____ Date _____

Is there anything else that we should know about your child? _____

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VOLUNTEER COMMITMENT

As part of St. Vincent Ferrer Parish, our family is willing to assist in the following areas:

TEACHING _____ GRADE PREFERRED _____ TEACHER'S AIDE _____

HALL MONITOR _____

OUTSIDE MONITOR- BEFORE AND AFTER CLASS _____

SACRAMENTAL PERMISSION

Parental signatures are required for a child's education and reception of a sacrament.

Mother's signature _____ Date _____

Father's signature _____ Date _____