



Religious Formation Registration for 2019-2020 (Grades 1-8)-New Family

14330 Eagle Run Dr., Omaha, NE 68164 •Phone 402-493-1642, Fax 402-496-9933

Walking with each other to encounter Jesus

FAMILY INFORMATION

Last Name	Father's Name	Mother's Name
Home Address	City	Zip Code
Father's Cell Number	Mother's Cell Number	Home Phone Number
Father's Work Number	Mother's Work Number	Family E-Mail Address
Emergency Contact Name	Emergency Contact Phone Number	Email Address #2

Please check if you would like to receive text messages regarding Religious Formation classes (weather cancellations, etc).

REGISTERED IN THE PARISH **Y** or **N**

If parents do not live in the same household, children reside with ____mother ____father ____both (joint custody) ____other May we send Religious Formation info to other parent? Provide contact info., please.

Name of other parent or guardian

Father (Name)	Mother (Name)	Other (Name)
Address	City	Zip Code
Phone Number	Email	

CHILDREN INFORMATION

If your child(ren) are registering in grades 2 through 8 in 2019-20, where did they attend Religious Formation classes in the past?

Parish _____ Location _____ Dates _____

First & Last Name	Grade in School 2019-2020	School Attending 2019-2020	Baptized Catholic Y or N	Sacraments child has received			Wednesdays (check one)	
				First Reconciliation	First Communion	Confirmation	4:30-5:45	6:15-7:30

***Please attach a copy of child(ren)'s Baptismal Certificate, if not baptized at St. Vincent de Paul.**

FAMILY HEALTH INFORMATION-Confidential

Child's Name	List Health Concerns or Medications	Special Educational Needs

**** NOTE: If your child needs an Epipen, please provide one on the 1st night of class to keep in the office. Place your Epipen in a Ziploc bag with your child's name and grade. Unused medication may be picked up in our office on the last night of class. Office Use Only-Date Medication Received**

Please sign the following:
 In case of an emergency, if the Religious Formation Office is unable to contact myself or any of my emergency contacts, the Emergency 911 system will be activated; and I will be responsible for any expenses incurred.

Consent to Contact in an Emergency

Parent/Guardian Signature

POLICY INFORMATION

_____ By registering my child/children, I/we agree to abide by the policies of the St. Vincent de Paul Religious Formation Program as outlined in the Family Handbook.

In an attempt to share information concerning the outstanding accomplishments of our youth, we will write articles, produce videos, and provide pictures for publication in various media, including, but not limited to, the St. Vincent de Paul and diocesan Internet websites, and the Catholic Voice.

To include your child and his/her work in this publicity, we must have your written permission. You have the right to revoke permission at any time.

Please check the following and provide your signature and the date:

_____ I grant permission to St. Vincent de Paul and the Archdiocese of Omaha to use the pictures and video of my child/children in positive media presentations.

_____ I DO NOT grant permission to St. Vincent de Paul and the Archdiocese of Omaha to use the pictures and video of my child/children in positive media presentations.

Parent/Guardian Signature _____
 Date

TUITION

Tuition is \$115 per child enrolled in grades 1-8 (\$280 Family Max. If total tuition including CGS and Religious Formation are over \$280, enter \$280 for Family Tuition Max.)

Add \$30 Sacramental Fees for children enrolling in 2nd and 8th grades: 2nd Grade - (Reconciliation & Eucharist)
 8th Grade - (Confirmation) *(Please note, the family max. does not apply to Sacramental fees.)*

(No child will be refused if unable to pay the full amount of fees; however, special arrangements must be made if fee cannot be paid by the 1st day of class. Please contact the Director of Religious Formation, Jennifer McMahan at mcmahanj@svdpomaha.org.)

PAYMENT	AMOUNT DUE
Number of children enrolled: _____ x \$115 (Tuition waived if you are a catechist)	\$ _____
Sacramental Fees : Number of 2 nd and 8 th graders _____ x \$30 each	\$ _____
Subtotal	\$ _____
<i>A minimum \$30 non-refundable deposit is part of the total cost and is required at registration.</i>	
Total Amount Received	\$ _____
<u>Balance due first day of Rel Formation class-8/28/19</u>	\$ _____

For Religious Formation Office Use

Date rec'd _____	Check # _____ or Cash _____	Initials _____
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