



Returning Family

Grades 1-8 Religious Education Registration for 2017-2018

St. Vincent de Paul
Catholic Church

St. Vincent de Paul Parish • 14330 Eagle Run Dr., Omaha, NE 68164 • Phone 493-1642, FAX 496-9933

Date _____

FAMILY Contact Information			
Last Name	Father's Name	Mother's Name	Maiden Name
Home Address		City	ZIP
*Primary Email Address			
*Please provide an e-mail address that you check regularly to receive parent newsletters, sacrament information, calendar, and other pertinent information. Thank you.			
Home/Primary Phone	Father's Work #	Mother's Work #	Emergency Contact Name (other than parent)
	Father's Cell #	Mother's Cell #	Emergency Contact (above) Phone #
If parents do not live in the same household, children reside with _____ mother _____ father _____ both (joint custody) _____ other			
Name of other parent or guardian.	Father (Name)	Mother (Name)	Other (Name)
May we send Religious Ed info. to other parent? Provide contact info, please.	Address	Email	Phone #

STUDENT Information									
*If you are registering a 1st GRADER and he/she was NOT baptized at St. Vincent de Paul, Omaha, attach a copy of Baptism Certificate									
*Grades 6, 7, & 8 space is limited at 4:30 – Open ONLY to students who have younger siblings in Rel. Ed at that time. If you do not have a younger student at 4:30 but would like your 6, 7, 8 grader to attend then, please attach a note to this form stating the reason you need 4:30 class. All requests must be in writing and received by May 8th.									
NAME(S)		Baptized Catholic Y or N	Grade in School 2017-18	School Attending 2017-18	Sacraments child has received			Time Preference* WEDNESDAYS (check one)	
					First Reconciliation	First Communion	Confirmation	4:30-5:45	6:15-7:30
Last	First								

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, grade & teacher. Unused medication may be picked up in our office on the last night of class.**

Office Use Only – DATE MEDICATION RECEIVED _____

Doctor's Name	Doctor's Phone #
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Please **sign** the following:

_____ **Consent to Contact Physician in an Emergency:**

In the event that I cannot be reached to make arrangements, I hereby give my consent to St. Vincent de Paul Parish to contact physician (named above) and, if necessary, transport my child to a clinic or hospital.

POLICY INFORMATION

_____ By registering my child/children, I/we agree to abide by the policies of the St. Vincent de Paul Religious Education Program as outlined in the Parent 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
<p>Tuition is \$115 per student enrolled in grades 1-8 (\$280 Family Max. If total tuition including CGS, Religious Formation, and LIFE Program are over \$280, enter \$280 for Family Tuition Max.)</p> <p>Add \$30 Sacramental Fees for students enrolling in 2nd and 8th grades: 2nd Grade - (Reconciliation & Eucharist) 8th Grade - (Confirmation) (Please note, the family max. does not apply to Sacramental fees.)</p> <p><i>(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 Education, Vicki Smith at smithv@svdpomaha.org.)</i></p>

PAYMENT	AMOUNT DUE
Number of students enrolled: _____ x \$115	\$ _____
Add Sacramental Fees : Number of 2 nd and 8 th graders _____ x \$30 each	\$ _____
LATE FEE - ONLY if registering after 5/6 and were enrolled in 2016/2017, add \$25	\$ _____
Subtotal	\$ _____
<i>A minimum \$30 non-refundable deposit is part of the total cost and is required at registration.</i>	
Total Amount Received	\$ _____
Balance due first day of RelEd class-8/30/17	\$ _____

For Religious Formation Office Use		
Date rec'd in office _____	Check # _____ or Cash _____	_____ Initials