

St. John Vianney Religious Education
 10497 Coloma Road,
 Rancho Cordova, CA 95670
 Ph: (916) 222-9130 Email josiesep@sjvparish.com

REGISTRATION FORM 2018-2019

PARENT/GUARDIAN INFORMATION (PLEASE PRINT NEATLY)

Mother's Name: _____ and **Maiden Name:** _____

Address: _____ City _____ Zip _____

Phone: Home _____ Cell _____ Work _____

E-mail Address: 1. _____ 2. _____

Father's Name: _____

Address: _____ City _____ Zip _____

Phone: Home _____ Cell _____ Work _____

E-mail Address: 1. _____ 2. _____

Communication should be with (circle all that apply): Mother Father Other _____

Other Emergency Contact

_____ Name

_____ Home Phone Number

_____ Relationship

_____ Cell Phone Number

Student Information

Legal First and Last Name (and preferred name, if different) **Grade** **Prior # Years CCD?** Special conditions: medical, learning, physical

Sacraments received:

<p>Baptism</p> <p>_____</p> <p>Church Name _____ City _____ Date _____</p>	<p>First Eucharist</p> <p>_____</p> <p>Church Name _____ City _____ Date _____</p>
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If baptism and/or 1st Eucharist received other than at St. John Vianney, a copy of certification
MUST BE SUBMITTED WITH REGISTRATION.

Registration Fees:

April 18 - June 6 (Early Bird Special)

1 child - \$75 2 children - \$140 3 or more children - \$160

After June 6— August 19

1 child - \$80 2 children - \$150 3 or more children - \$175

After August 19 (Late Registration)

Add \$30 late fee (Registration closes at end of September.)

Tuition and fees due: \$ _____ Amount enclosed: \$ _____ (cash or check # _____)

Signature _____

Please return registration form, certificates, and fees to the Parish or Religious Education office.

OFFICE USE

Date Reg. _____ Amount Pd _____ Amount Due _____ Confirmation Conference Paid _____

Receipt # _____

Certificates needed:

Notes: