**Faith Formation/ † Saint John Vianney** 

10497 Coloma Road, Rancho Córdova, CA 95670 **†** Phone (916) 369-8669

faithformation@sjvparish.com

**Registration Form 2024-2025 English ( ) Español ( )**

Parents Information

Father’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Communication should be with: [ ] Father [ ] Mother [ ] Another Person:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**† Required Documents for New Students in the program:**

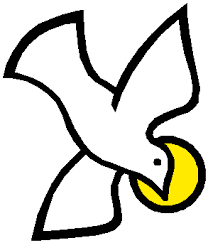
**(Please submit these documents with your registration)**

* Birth Certificate and Baptismal Certificate
* Confirmation Students must also provide Certificate of First Holy Communion

**Individual Information for Each Student**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| First and Last Name | Age  \_\_\_\_\_\_  School Grade | ***For office use***  **Do not write in these columns** | | | |
| Student #1 |  | * Eucharist * Confirmation |  | * First Year * Second Year | * Birth Certificate * Baptismal Certificate. * Communion Certificate |
|  | * OCIA |  | o Continuation |
| Student #2 |  | * Eucharist * Confirmation |  | * First Year * Second Year | * Birth Certificate * Baptismal Certificate. * Communion Certificate |
|  | * OCIA |  | o Continuation |
| Student #3 |  | * Eucharist * Confirmation |  | * First Year * Second Year | * Birth Certificate * Baptismal Certificate. * Communion Certificate |
|  | * OCIA |  | o Continuation |
| Student #4 |  | * Eucharist * Confirmation |  | * First Year * Second Year | * Birth Certificate * Baptismal Certificate. * Communion Certificate |
|  | * OCIA |  | o Continuation |

|  |
| --- |
| **The financial contribution is for expenses and support of the Religious Education program.**  **Early Registration (May-July)**  **1 student $75 2 Students (siblings) 130 3 students or more (siblings) $160**  **Late Registration (August) Add $25 per family**  **Non parishioner (Out of Area) Add $20 per child**  **Additional Cost per child**  This fee helps to cover additional materials, retreats, and celebrations costs.  **Communion First Year Communion Second Year**  **$25 per student $35 per student**  **Confirmation First Year Confirmation Second Year**  **$50 per student $100 per student**  We appreciate your cooperation and understanding. If you are going through a difficult economic situation, we are here to help you. Please, contact Leomi Ebalobo at (916)369-8669. |
| **We accept cash or checks payable to “St John Vianney Parish”.** |



**Photo Release**:

I give permission for any photographs in which my children may appear to be used by SJV parish for the purpose of teaching, publicity, or advertisement. I understand that the photographs may appear on the parish website, parish publications/newspapers or social media. Also, by signing below I consent to livestreams of Sacraments and family Masses.

Parent Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please do not write below, for office use only.**

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**Faith Formation 2024/2025**

Received from: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Amount: $ \_\_\_\_\_\_\_\_\_\_. Cash□ **󠇌** Check□#**\_\_\_\_\_\_** Date: \_\_\_\_\_\_\_\_\_\_\_\_.

Signature of Receipt: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Payment plans are available for a short period of time from the date of registration.

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First Payment: \_\_\_\_\_\_\_\_\_\_\_\_ Second Payment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Third Payment: \_\_\_\_\_\_\_\_\_\_\_\_ Fourth Payment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_.