



St. Vincent de Paul Parish
Faith Formation Center
 2748 Military Road
 Niagara Falls, New York 14304
 (716) 297-5010 www.svdparish.org

Office Use Only

2023-2024 REGISTRATION FORM GRADES K-10

FAMILY NAME _____

Home Parish: _____
 (ex. SVDP, St. John de LaSalle, Mount Carmel, St. Joseph, etc.)

Would you like children's envelopes? (Please circle) **YES** **NO**

If SVDP, please list envelope number # _____

MOTHER _____

First Maiden Last

FATHER _____

First Last

Address _____

Number/Name City State Zip Code

Address _____

Number/Name City State Zip Code

Phone _____

Home Cell Work

Phone _____

Home Cell Work

Cell Phone Carrier (to receive text alerts) _____
 e.g., Verizon

Cell Phone Carrier (to receive text alerts) _____
 e.g., Verizon

Email Address _____

Email Address _____

Religion _____

Religion _____

Please fill in your child's name, birthdate, place of birth (city and state) and gender. For Sacrament information, please provide precise date sacraments received or bring in baptism certificate and we will make a copy. Please note: If you are an active member of SVDP and your child made sacraments at this parish (St. Leo/POP), we have those records and you can write "on file". **If your child is new to the program, please bring in or send a copy of the Baptism certificate.**

Please Print Child's Full Name	Birth Date & Place of Birth (City & State)	Gender	Baptism (Date & Church)	Reconciliation (Date & Church)	Eucharist (Date & Church)

Child/Children reside with (Please circle) Mother Father Both Other _____

Mailings sent to (Please circle) Mother Father Both Other _____

School(s) currently attending: _____

Emergency Contact (other than parent/guardian) _____
 Name Relationship Phone

Please list any special circumstances, such as: weekend visitation, medical and behavioral information, learning needs allergies, etc. (Please identify child & circumstance or see Sr. Joanne personally)

Choose one class-option for each child -

Sunday Classes Grades – K - 8

10:00 – 11:15 am

Child's Full Name (Please print)	Grades K – 5	Grades 6 – 8 – EDGE

Thursday Classes Grades - K – 8

6:15 – 7:30 pm

Child's Full Name (Please print)	Grades K – 5	Grades 6 – 8 – EDGE

Confirmation Preparation Classes - Grades 9 & 10

Includes a service component – 10 hours each year

Child's Full Name (Please print)	Grade	Sunday 1:00 – 3:00 p.m. <u>bi-weekly</u>	Monday 6:00 – 8:00 p.m. <u>bi-weekly</u>

Office Use Only
Regular Registration
Registration fees: \$50.00 per child (Not to exceed \$140.00)
Sacrament fees: \$20.00 Reconciliation & Eucharist \$35.00 Confirmation (10th)

Please make checks payable to St. Vincent de Paul Parish. Mail or hand deliver to Faith Formation Center at address listed on first page.

Tuition due \$_____ +
 Sacramental Fee (Grades 2, 3 & 10th only) \$_____ =
 Total enclosed \$_____

For our Annual Basket Raffle, would you be willing to do any of the following: ___ donate a basket ___ donate a gift card ___ volunteer (put baskets together) ___ volunteer to work at the auction
(Please choose all that apply)

Office use only:		
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