

ST. JOHN VIANNEY RELIGIOUS EDUCATION

Student's Name _____
Last First Middle

Address _____
Street City State Zip

Home Phone _____ Cell Phone _____ E-Mail _____

Date of Birth _____ Age _____ Place of Birth _____
City State

Name of School _____ Grade in Fall 2011 _____

Do you attend Mass at St. John Vianney? YES _____ NO _____ Other _____
NAME OF CHURCH

Does child have any serious allergies or medical conditions? _____

SACRAMENT INFORMATION

Has child been baptized? YES _____ NO _____ Date/Church _____

***STUDENTS PREPARING FOR FIRST HOLY COMMUNION AND CONFIRMATION MUST BRING A BAPTISMAL CERTIFICATE*

Has child received Reconciliation? YES _____ NO _____ Date /Church _____

Has child received First Holy Communion? YES _____ NO _____ Date /Church _____

Has child received Confirmation? YES _____ NO _____ Date/Church _____

PARENT INFORMATION

Name of Father _____ Religion _____
First Middle Last

Address _____ Phone _____
If different than child

Name of Mother _____ Religion _____
First Middle Last

Address _____ Phone _____
If different than child

Parent's Marital Status: (circle one) Married Divorced Widowed Single Remarried

Child live with (circle one) Mother & Father Mother Father Other _____

