



**Children's Faith Formation Registration 2020-2021**  
**Basic Faith Formation – First Year Students GRADES 1-10\***  
**Tuesdays 5:30 – 6:30 (English language only)**  
**(Students attending for 1<sup>st</sup> Time)**  
**Classes begin, Tuesday, Oct 20<sup>th</sup> 2020**

**Requirements:** Families must be registered with our parish. These classes are for first-time students who are seeking the sacrament of Sacrament of First Communion. Please check the appropriate boxes and bring the originals of the birth and Baptism certificates, along with payment to the Office of Faith Formation. We will make copies of documents.

**Registration date:** \_\_\_\_\_ Language spoken at home \_\_\_\_\_

- Our Family is registered at St. John's Church     I need to register with the Parish  
 Original Baptism Certificate                       My child needs to be baptized  
 Original  Birth Certificate                      (Contact Parish Office 573-3325 )

**Registration Fees:** \$30.00    **Please check one:**  on-line at [www.stjohnvancouver.org-click](http://www.stjohnvancouver.org-click) on donation  
 mail check     pay cash in person     I would like a payment plan

**May we use photos of your child for our parish website, bulletin boards, brochures, and newsletters? Names will not be included.**       Yes     No

**Important: Please list any special needs or disabilities that may affect your child's learning:**

\_\_\_\_\_

*Please list full legal name exactly as it appears on baptism certificate*

**Child's Baptismal Name,** \_\_\_\_\_, \_\_\_\_\_ **Date of Birth** \_\_\_\_\_  
Last name                      First                       Male     Female

**Child likes to be called:** \_\_\_\_\_ **Attends School at** \_\_\_\_\_ **Grade at school** \_\_\_\_\_  
(As of Sept. 2020)

**Mother:** \_\_\_\_\_, \_\_\_\_\_ **Father:** \_\_\_\_\_, \_\_\_\_\_  
Last                      First                      Last                      First

**Mailing Address:** \_\_\_\_\_ **city, zip** \_\_\_\_\_

**\*\* (Required) Parent phone # for text messaging:** \_\_\_\_\_ **parent cell#2:** \_\_\_\_\_

**\*\* (Required) e-mail address :** \_\_\_\_\_

**Emergency Contact: Name** \_\_\_\_\_ **Phone#** \_\_\_\_\_ **relationship** \_\_\_\_\_

**Classes 2020-2021**

Classes will begin online virtually and your child's teacher will send information to parents by e-mail, on how to connect with the classes. We will be communicating with parents by e-mails, text messaging, and direct phone calls. **Please check your e-mails regularly. Important:** Please notify us when you change your home address, contact phone numbers or e-mail addresses.

**Please tell us how you access the internet in your home:**  Phone     tablet     computer

I have read the Parent Guidelines and Information will adhere to the guidelines for Faith Formation on virtual classes and will work with my child to prepare them for First Communion. Please check box:

Parent/Guardian name: (please type) \_\_\_\_\_ date \_\_\_\_\_

**OFFICE ONLY: PAID:**     CASH     CHECK     ON LINE CR CARD    Amount: \$ \_\_\_\_\_ Date: \_\_\_\_\_ Initial \_\_\_\_\_  
**PAYMENT PLAN**     Amt/date/init \_\_\_\_\_    Amt/date/init \_\_\_\_\_    Amt/date/init \_\_\_\_\_  
Please initial: Verified Year I \_\_\_x\_\_\_ Documents Verified \_\_\_x\_\_\_ Sacrament Recorded \_\_\_x\_\_\_ Notification Sent \_\_\_xxx\_\_\_  
Student assigned in PDS \_\_\_xxx\_\_\_ PDS # \_\_\_xxx\_\_\_ Catechist \_\_\_\_\_ (no charge) Program Coord. Initial \_\_\_xxxx\_\_\_