

Faith Formation & Youth Day Registration Form

Church of St. Vincent de Paul - 2018-2019

Please Print Neatly and Read **ALL PAGES**

For Office Use Only
Date Received: _____
Payment Amount: _____
Cash/Check #: _____
Online Payment: _____
Entered in PDS: _____

FAMILY NAME: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Parent/Guardian Names: _____

Preferred Phone Number: (please indicate type: H,W,C) _____

Secondary Phone Number: (please indicate type: H,W,C) _____

Preferred Email Address: _____

Secondary Email Address: _____

Are you a registered as a member of St. Vincent's Parish ___yes ___no. If you are not and would like to be please use the enclosed form to register.

In case of Emergency, if parents cannot be reached, please contact:

Name& Phone: _____

Child/Youth Information

Name	Gender	Grade(Fall '18)	Date of Birth	School	Educational Accommodations/Allergies/ Medical Acc.

Fees: \$60 per child, \$10 additional Sacramental Fee. Family Maximum of \$200.

Cash, check or pay online at stvincentalbany.org (click Donate)

It is part of the mission of our church to help families grow in the faith. If the fee is a financial burden for you please contact Parish Life Director, Elizabeth Simcoe at 518-489-5408 or pld@stvincentalbany.org to discuss.

Are you interested in serving the parish as a Faith Formation volunteer? Please indicate how below:

Catechist K-5 ___ Youth Day Facilitator 6-10 ___ Confirmation Prep. ___ Substitute ___ Door Keeper ___ Other ___

Detail Information and Permissions

Permission to Participate for All Children/Youth listed on page one:

I, _____, parent/guardian of the children/youth listed above, hereby grant permission for them to participate in any faith formation, service & parish activities at the Church of St. Vincent de Paul (900 Madison Ave) and Parish Center (984 Madison Ave). I understand that I will be notified immediately (at the phone numbers above) in case of an emergency. If I can't be reached, the emergency contact will be called.

Parent/guardian signature _____ date _____

Photo Release Permission All Children/Youth listed on page one:

I, _____, parent/guardian of the children/youth listed above give permission for St. Vincent's to take pictures or video of my children/youth during these activities for use in St. Vincent's sponsored media (e.g. bulletin boards, videos, newsletters, parish bulletin, parish website, parish Facebook page, etc...) Pictures online will not be identified with names, pictures on bulletins will use first name only, if at all.

Parent/guardian signature _____ date _____

Text and Email Permission for Youth in Grades 6-12:

1. Youth's Name: _____ Cell Phone: _____ Email: _____

2. Youth's Name: _____ Cell Phone: _____ Email: _____

3. Youth's Name: _____ Cell Phone: _____ Email: _____

I _____, parent or guardian of the youth listed above, authorize representatives of St. Vincent de Paul Parish to send email and text messages to my son/daughter(s). Messages may be sent for a variety of reasons including but not limited to: reminders about upcoming events, service opportunities, prayer reminders and more. All communications via text and email will be limited to topics relevant to Youth Ministry and prayer.

I understand that regular text messaging rates may apply and assume responsibility for any costs associated with these text messages. This consent shall remain in effect unless revoked in writing.

Parent/guardian signature _____ date _____

-----DO NOT COMPLETE BELOW UNLESS OPTING OUT OF SAFE ENVIRONMENT TRAINING-----

Safe Environments Training for All Children/Youth listed on page one: (only sign to opt out)

The Charter for the Protection of Children and Young People requires that all dioceses have programs to teach children and youth about abuse and prevention. This training takes place in all parishes each year in age-appropriate ways, covering a variety of topics including healthy relationships, internet/technology safety, boundaries and sexual abuse prevention. If you do not want your Children to participate in this training please indicate by signing below. You will be notified when a training is scheduled.

I request that my child(ren) NOT participate in the Safe Environment session this 2018-2019 catechetical year.

Parent/guardian signature _____ date _____

Please complete this section ONLY if you have a child(ren) preparing for Reconciliation and Eucharist

This information is required for completing the parish's Sacramental Register. It must be completed in full. When submitting this form, please supply a copy of your child's baptismal certificate if they were **NOT** Baptized at St. Vincent's.

Baptismal Name of Candidate: First _____ **Last** _____

Candidate's Parents' Names _____

Birth: Month, Day, Year _____ **City & State** _____

Baptism: Month, Day, Year _____ **Church** _____ **City & State** _____

Baptismal Name of Candidate: First _____ **Last** _____

Candidate's Parents' Names _____

Birth: Month, Day, Year _____ **City & State** _____

Baptism: Month, Day, Year _____ **Church** _____ **City & State** _____

Please Return to:

Ellen Kueterman, Director of Faith Formation
k-5faithformation@stvincentalbany.org

Tahlia Hadley, Director of Youth Ministry
youthministry@stvincentalbany.org

**900 Madison Ave.
Albany, NY 12208
518-489-5408**