



St. John Vianney Catholic Church & School  
 445 82<sup>nd</sup> Ave. · St. Pete Beach, FL 33706  
 727.360.1147 · www.stjohnsparish.org



## FAMILY FAITH FORMATION & CCD REGISTRATION

*Information on this form is held in confidence and is not shared without your permission.*

Family (Last) Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
 (Street) (City) (State/Zip)

Primary Email: \_\_\_\_\_ Alt: Email: \_\_\_\_\_

Adult Name: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Adult Name: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Please include last name if different from family name:

Child First Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Birthday: \_\_\_\_\_ Allergies: \_\_\_\_\_

Child First Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Birthday: \_\_\_\_\_ Allergies: \_\_\_\_\_

Child First Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Birthday: \_\_\_\_\_ Allergies: \_\_\_\_\_

Child First Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Birthday: \_\_\_\_\_ Allergies: \_\_\_\_\_

Please list any additional special needs or food allergies: \_\_\_\_\_

Are you a registered St. John's parishioner? \_\_\_\_\_ Envelope #: \_\_\_\_\_

**Material's Fee: \$45** (Per family)

Payment: WeShare (Electronic check/credit/debit) [www.stjohnsparish.weshareonline.org](http://www.stjohnsparish.weshareonline.org)

Notes:

1. Children and parents meet 9:45 – 11:15 a.m. in the Parish Hall the 1<sup>st</sup> Sunday of each month.
2. Children meet on the 2<sup>nd</sup> and 4<sup>th</sup> Sunday of each month in designated classrooms.
3. There is also an optional adult Program on the 2<sup>nd</sup> and 4<sup>th</sup> Sunday.
4. Parents are provided lesson material for home lessons on the 3<sup>rd</sup> (and 5<sup>th</sup>, if there is one) Sunday of each month. (**See schedule.**)
5. Please complete the form for 1<sup>st</sup> Communion and 1<sup>st</sup> Reconciliation if your child is in **2<sup>nd</sup> grade** and for Confirmation if in **8<sup>th</sup> grade**. If in **1<sup>st</sup> or 7<sup>th</sup> grades**, please complete the Pre-registration forms for reception of sacraments in 2017.

## ACKNOWLEDGEMENTS

1. My signature below indicates my awareness of **Safe Environment** data as well as policies regarding Religious Education available to me. (The link to *Promise to Protect, Pledge to Heal*, for the Office of Safe Environment, is available from our website, [www.stjohnsparish.org](http://www.stjohnsparish.org).)
2. From time to time, **publicity material** for the Parish bulletin and other media may be prepared about events sponsored by St. John Vianney Catholic Church. This material may or may not be accompanied by photos or videotape of students. The release may be prepared by St. John Vianney Parish or a media representative.

I **DO** \_\_\_\_\_ **DO NOT** \_\_\_\_\_ give permission for my child's name and likeness to be included in such publicity releases

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Parent/Guardian Signature	Print Name	Date
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Parent/Guardian Signature	Print Name	Date
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