

1ST RECONCILIATION & EUCHARIST REGISTRATION 2013–2014
ST. JOHN VIANNEY PARISH, 445 82ND AVE., ST. PETE BEACH, FL 33706

PLEASE RETURN THIS FORM & A ***BAPTISM CERTIFICATE** TO THE PARISH OR SCHOOL OFFICE
BY **OCTOBER 7, 2013.**

Student's Name: _____
(Last) (First) (Middle)

Address: _____
(Street) (City) (State/Zip)

Mother: _____
(Last) (First) (MAIDEN) (Signature)

Mother's Email: _____ Phone: _____ Is Mother Catholic? _____

Father: _____
(Last) (First) (MI) (Signature)

Father's Email: _____ Phone: _____ Is Father Catholic? _____

Legal Guardian: _____
(Last) (First) (MI) (Signature)

Are you a registered St. John's parishioner? _____ Parish Envelope # _____

Is Student enrolled In: _____ Child's Grade _____

St. John's School: _____ Other Catholic School: _____

Family Faith Formation & CCD _____ (Required if not enrolled in Catholic School)

A BAPTISM CERTIFICATE IS REQUIRED, please submit a copy. If Baptized at St. John Vianney, a certificate is not required, please fill in the approximate date: _____

Materials Fee is \$35.

Amount Due: _____ Amount Paid: _____ Check # _____ Cash _____

***** Office Use Only *****

Baptism Certificate Received _____ Church of Baptism Notified _____