# Saint Vincent Catholic Faith Formation & Youth Ministry Registration – 2019-2020

**Parent or Legal Guardian Information** **Family Name: _____**

Father_____ Mother _____

First name Last name First name Last name

Father's religion _____ Mother's religion _____

Address _____

Street City State Zip

Telephone Number _____ Alternate Phone Number _____

Area code and 7-digit number Area code and 7-digit number

Emergency Contact Name & Phone Number _____

E-Mail _____@_____ Home Parish _____

**Please attach copies of your child's Baptism certificate if baptized in a parish other than Saint Vincent. (only if you haven't submitted it in the past.)**

## Children to be enrolled in Faith Formation & Youth Ministry

1. Child_____ Grade _____ Date of Birth __/__/____ T-Shirt Size _____

**Choose the session option for this child:**

_____Pre K-5 Sunday Morning CFF _____ 6-12 Sunday Night Youth Ministry _____ Once a Month Family Program

Date of Baptism _____ Church of Baptism _____School_____

Name of Parish City/state/country (if non-U.S.)

Date(s) and Place(s) of 1st Penance, Confirmation and 1st Communion _____

_____

Special Needs/Allergies

_____

2. Child_____ Grade _____ Date of Birth __/__/____ T-Shirt Size _____

**Choose the session option for this child:**

_____ Pre K-5 Sunday Morning CFF _____ 6-12 Sunday Night Youth Ministry _____ Once a Month Family Option

Date of Baptism _____ Church of Baptism _____School_____

Name of Parish City/state/country (if non-U.S.)

**(turn page over)**

Date(s) and Place(s) of 1st Penance, Confirmation and 1st Communion _____

_____

Special Needs/Allergies_____

3. Child_____ Grade _____ Date of Birth __/__/____ T-Shirt Size _____

**Choose the session option for this child:**

_____ Pre K-5 Sunday Morning CFF _____ 6-12 Sunday Night Youth Ministry _____ Once a Month Family Option

Date of Baptism _____ Church of Baptism _____School_____

Name of Parish City/state/country (if non-U.S.)

Date(s) and Place(s) of 1st Penance, Confirmation and 1st Communion _____

_____

Special Needs/Allergies

_____

## PHOTOGRAPHIC RELEASE

**A parent/guardian signature is necessary if the subject is under age eighteen.**

I hereby grant to the Diocese of Greensburg, Pennsylvania, and its respective licensees, successors and assigns, the right and permission, with respect to those photographs taken of me or the minor named below on whose behalf I am signing, and with respect to any printed or electronic matter in connection therewith, to do the following:

1. To include such photographs on the Saint Vincent Basilica Parish website for advertising purposes.
2. To use my name or the name of the minor on whose behalf I am signing, in connection with the foregoing.

I hereby release, discharge and agree to indemnify and hold harmless the Diocese of Greensburg and its legal representatives, licensees, successor and assigns, from all claims and demands whatsoever arising out of or in connection with the foregoing, and waive any right to inspect or approve the same.

Signature of Parent/Guardian_____ Date: _____

Signature of Subject of Photograph (if over 18 years of age) _____

Printed Name and Address _____

I hereby certify that I am the *[parent and/or guardian]* of _____, a minor under the age of eighteen years, and hereby consent on behalf of said minor to the use of any of the photographs taken of said minor pursuant to the terms set forth in this Photographic Release, including, without limitation, the release, discharge and hold harmless provisions thereof.

## REGISTRATION FEES

**EARLY BIRD SPECIAL! - $20 (WHOLE FAMILY) IF REGISTERED BY JUNE 1, 2019!!!!!**

**Total Children Enrolled: □ One $30 □ Two $40 □ Three or more $65 Total Enclosed $_____** (Check □ Cash □ )

**Non-parishioner Enrollment: □One $40 □ Two $50 □ Three or more $75 Total Enclosed $_____** (Check □ Cash □ )

***Are you experiencing financial difficulties? Please contact Mrs. Bridget DiVittis at the number shown below regarding scholarship or payment arrangements. NO CHILD WILL BE TURNED AWAY FROM FAITH FORMATION BECAUSE OF FINANCIAL CHALLENGES.***

**Saint Vincent Basilica Parish, 300 Fraser Purchase Rd, Latrobe, PA 15650; 724-529-8629, x. 16**