



Saint Vincent Basilica Catholic Faith Formation Registration 2022-2023

Please enter the grade your child will be in for the school year 2022-2023, and even if he/she was baptized here at Saint Vincent, attach a copy of the Baptism Certificate.

It is very important that all the information be legible; please print clearly. Thank you.

1. Child Name: _____ Grade _____
2. Child Name: _____ Grade _____
3. Child Name: _____ Grade _____
4. Child Name: _____ Grade _____
5. Child Name: _____ Grade _____

Parent/Guardian Information:

Parent/ Guardian Name _____

Address _____

City, State & Zip Code _____

Please enter the phone number where you best may be reached.

Phone Number _____

Email Address _____

Second Parent/ Guardian

Name _____

Only if different from above.

Address _____

City, State & Zip Code: _____

Phone Number: _____

Email Address: _____

Please enter the name of your child who has any known allergies.

Name _____ Allergy _____

Name _____ Allergy _____

Name _____ Allergy _____

Name _____ Allergy _____

Name _____ Allergy _____

Emergency Contact Name: _____

Phone Number: _____

PHOTOGRAPHIC RELEASE

A parent/guardian signature is necessary if the subject is under 18 years old.

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 on this registration, 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('s) 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 Parent/Guardian _____ Date _____

REGISTRATION FEES

Total Children Enrolled: One \$45 Two \$55 Three or more \$65 **Total Enclosed \$** _____
(Check Cash)

Non-parishioner Enrollment: One \$55 Two \$65 Three or more \$75 **Total Enclosed \$** _____
(Check Cash)

Are you experiencing financial difficulties? Please contact Mrs. Erin Colcombe at 724-539-8629 Ext. 16 regarding scholarship or payment arrangements.

[NO CHILD WILL BE TURNED AWAY FROM FAITH FORMATION BECAUSE OF FINANCIAL CHALLENGES.](#)

For Office use ONLY

Date Received: _____

Amount: \$ _____ Check# _____ Cash _____