

St. Vincent de Paul Parish Religious Education Program 2020-2021 Theme: I received from the Lord what I also handed on to you.

New Student Registration Form for 2020-2021

If you have any questions, please contact Gaby Taylor at: 304-242-0406 | gtaylor@saintvincentparish.org

CHILD INFORMATION

					Phone #:	
First			Middle	Last		
Date of Birth:	/	/	Place of E	Sirth:		State
Address:				•		
School Attending	eet			City	Gra	State/Zip de:
Does your child h						uc
Does your child i	iave any	anerg	gies of disability	lies we should kh	ow about?	
******	*****	****	******	******	*******	******
	_	,		RAMENT INFO		
					City, State	
					City, State	
					City, State	
Confirmation	Date _	/	/ Church _		City, State	
Is your family reg	gistered	at St. `	<u>F.</u> Vincent de Pau	AMILY INFOR al Parish? □ Y		******
Father's Name: _						
	Firs				ast	Religion
Phone #:						
Phone #: Mother's Name: Phone #:	First	t			Last	Religion
Mother's Name: Phone #: How would you p	First prefer to	t be co	ntacted?	Maiden Email:		Religion
Mother's Name: Phone #: How would you p	First	t be co:	ntacted? [^{Maiden} Email: □ Phone □ *******	Last Email	Religion
Mother's Name: Phone #: How would you p ******* If you are	orefer to	t be co: ***** ring th	ntacted? [************************************	Maiden Email: □ Phone □ ************************************	Last Email ********	Religion ******** following information:
Mother's Name: Phone #: How would you p ******* If you are Name:	First prefer to ****** register	be co: ***** ring th	ntacted? [********* is student and	MaidenEmail: Phone □ ********* You are not a pa Relatio	Last Email ************************************	Religion ******** following information:
Mother's Name: Phone #: How would you p ******* If you are Name: Address: Street	prefer to	be co: ***** ring th	ntacted? [******** is student and	Maiden Email: Phone	Email ************* **erent, please supply the finship to student State/Zip	Religion ********* **Ollowing information:
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Mother's Name: Phone #: How would you p ******** If you are Name: Street Phone #: Do you wish to re Are you a registe ************************************	prefer to ***** register eceive in red men ******	***** information information	ntacted? [******** is student and tion/memos se St. Vincent d ******* EMERGE	MaidenEmail: Phone	Last	Religion ******** ******* Following information: No *********************************

SHARING OF TIME AND TALENT

Man cannot fully find himself except through a sincere gift of himself.
-Pope St. Paul VI

We welcome and request that each family share their time and talents to help our PSR program thrive. Please look over the list of areas below and select at least one area where you can assist.

I can share my time and talent in the following way(s):
□ Catechist Preferred Grade
□ Catechist Aide Preferred Grade
□ Substitute Catechist Preferred Grade
☐ Office Assistant (Helping DRE with tasks for PSR classes) Sunday mornings from 10:30 a.m.—12:00 p.m.
November 24 — Family Day (Breakfast & Session)
☐ Help plan the day with the DRE (October 27 during class time)
□ Coordinate the day
□ Help set up
☐ Help clean up
<u>February 23</u> — Family Day (Breakfast & Session)
☐ Help plan the day with the DRE (February 2 during class time)
□ Coordinate the day
□ Help set up
☐ Help clean up
<u>April 5</u> — Closing of PSR (Family Mass followed by reception)
☐ Help plan the day with the DRE (March 9 during class time)
□ Coordinate the day
□ Help set up
☐ Help clean up

THANK YOU!!

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