

**Niagara Falls Roman Catholic
Family of Parishes
St. Vincent de Paul Parish Faith Formation**
2748 Military Road
Niagara Falls, New York 14304
www.nfrcfparish.org
(716) 803-6049 or (716) 815-7055

Office Use Only FF

2025-2026 REGISTRATION FORM GRADES K-10

FAMILY NAME _____

Home Parish: _____
(Parish you are a member at ex. SVDP, St. John de LaSalle, Holy Family of Jesus Mary and Joseph, etc.)

Would you like children's envelopes? *(Please circle)* **YES** **NO**

If SVDP, please list your envelope number # _____

MOTHER _____
First **Maiden** Last

FATHER _____
First Last

Address _____
Number/Name City State Zip Code

Address _____
Number/Name City State Zip Code

Phone _____
Home Cell Work

Phone _____
Home Cell Work

Cell Phone Carrier (to receive text alerts) _____
e.g., Verizon

Cell Phone Carrier (to receive text alerts) _____
e.g., Verizon

Email Address _____

Email Address _____

Religion _____

Religion _____

Please fill in all information: Child's name, birthdate, place of birth (city and state) and gender. For Sacrament information, please bring in baptism certificate and we will make a copy. Please provide precise date sacraments received if applicable. **If your child is new to the program, please bring in or send a copy of the Baptism certificate.** *If your child needs to be baptized, please speak with Sister Joanne.*

Please Print Child's Full Name	Birth Date & Place of Birth (City & State)	Gender	Baptism (Date & Church)	Reconciliation (Date & Church)	Eucharist (Date & Church)

Child/Children reside with *(Please circle)* Mother Father Both Other _____

Communication sent to *(Please circle)* Mother Father Both Other _____

School(s) currently attending: _____

Emergency Contact *(other than parent/guardian)* _____
Name Relationship Phone

Please list any special circumstances, such as: weekend visitation, medical and behavioral information, learning needs allergies, etc. (Please identify child & circumstance or see Sr. Joanne personally)

Continued on back...

Choose one class-option for each child -

Sunday Classes Grades – K - 8

10:00 – 11:15 am

Child's Full Name (Please print)	Please indicate grade level

Thursday Classes Grades - K – 8

6:15 – 7:30 pm

Child's Full Name (Please print)	Please indicate grade level

Confirmation Preparation Classes - Grades 9 & 10

Includes a service component – 10 hours each year

Child's Full Name (Please print)	Indicate Grade	Sunday 1:30 – 3:00 p.m. <u>bi-weekly</u>	Monday 6:30 – 8:00 p.m. <u>bi-weekly</u>

Early Registration April 27th – July 1st

**Registration fees: \$50.00 per child
(Not to exceed \$140.00)**

Registration July 2nd – September 30th

**Registration fees: \$60.00 per child
(Not to exceed \$170.00)**

If your child(ren) are celebrating a sacrament, a sacramental fee is as follows:

\$25.00 Reconciliation

\$25.00 Eucharist

\$40.00 Confirmation (10th grade only)

Please make checks payable to St. Vincent de Paul Parish

Tuition due \$_____

Sacramental Fee* \$_____

(*Grades 2, 3 & 10th)

Total due \$_____

Office use only:

☐ Payment rec'd & Date

☐ check # _____

☐ cash

☐ entered on class list

☐ Welcome packet sent

☐ Photo Permission rec'd

☐ Sacrament Date(s)/Place rec'd

☐ other