

**Faith Formation & Youth Day Registration Form**  
**Church of St. Vincent de Paul - 2017-2018**  
 Please Print Neatly and Read **ALL PAGES**

For Office Use Only	
Date Received:	_____
Payment Amount:	_____
Cash/Check #:	_____
Online Payment:	_____
Entered in PDS:	_____

**FAMILY NAME** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Parent/Guardian Names** \_\_\_\_\_

**Preferred Phone Number: (please indicate type: H,W,C)** \_\_\_\_\_

**Secondary Phone Number: (please indicate type: H,W,C)** \_\_\_\_\_

**Preferred Email Address:** \_\_\_\_\_

**Secondary Email Address:** \_\_\_\_\_

Are you a registered as a member of St. Vincent's Parish \_\_\_yes \_\_\_no. If you are not and would like to be please use the enclosed form to register.

*In case of Emergency, if parents cannot be reached, please contact:*

**Name& Phone:** \_\_\_\_\_

**Child/Youth Information**

Name	Gender	Grade(Fall '17)	Date of Birth	School	Educational Accommodations/Allergies/ Medical Acc.

**Fees: \$60 per child, \$10 additional Sacramental Fee. Family Maximum of \$200.**

**Cash, check or pay online at [stvincentalbany.org](http://stvincentalbany.org) (click Donate)**

It is part of the mission of our church to help families grow in the faith. If the fee is a financial burden for you please contact Parish Life Director, Elizabeth Simcoe at 518-489-5408 or [pld@stvincentalbany.org](mailto:pld@stvincentalbany.org) to discuss.

**Are you interested in serving the parish as a Faith Formation volunteer? Please indicate how below:**

**Catechist K-5 \_\_\_ Youth Day Facilitator 6-10 \_\_\_ Confirmation Prep. \_\_\_ Substitute \_\_\_ Door Keeper \_\_\_ Other \_\_\_**

## Detail Information and Permissions

### Text and Email Permission for Youth in Grades 6-12:

1. Youth's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

2. Youth's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

3. Youth's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I \_\_\_\_\_, parent or guardian of the youth listed above, authorize representatives of St. Vincent de Paul Parish to send email, text message or Flocknotes to my son/daughter(s). Messages may be sent for a variety of reasons including but not limited to: reminders about upcoming events, service opportunities, prayer reminders and more. All communications via text, email or Flocknotes will be limited to topics relevant to Youth Ministry and prayer.

**I understand that regular text messaging rates may apply and assume responsibility for any costs associated with these text messages. This consent shall remain in effect unless revoked in writing.**

**Parent/guardian signature** \_\_\_\_\_ **date** \_\_\_\_\_

### Permission to Participate for All Children/Youth listed on page one:

I, \_\_\_\_\_, parent/guardian of the children/youth listed above, hereby grant permission for them to participate in any faith formation, service & parish activities at the Church of St. Vincent de Paul (900 Madison Ave) and Parish Center (984 Madison Ave). I understand that I will be notified immediately (at the phone numbers above) in case of an emergency. If I can't be reached, the emergency contact will be called.

**Parent/guardian signature** \_\_\_\_\_ **date** \_\_\_\_\_

### Photo Release Permission All Children/Youth listed on page one:

I, \_\_\_\_\_, parent/guardian of the children/youth listed above give permission for St. Vincent's to take pictures or video of my children/youth during these activities for use in St. Vincent's sponsored media (e.g. bulletin boards, videos, newsletters, parish bulletin, parish website, parish Facebook page, etc...) Pictures online will not be identified with names, pictures on bulletins will use first name only, if at all.

**Parent/guardian signature** \_\_\_\_\_ **date** \_\_\_\_\_

### Safe Environments Training for All Children/Youth listed on page one: (only sign to opt out)

The Charter for the Protection of Children and Young People requires that all dioceses have programs to teach children and youth about abuse and prevention. This training takes place in all parishes each year in age-appropriate ways, covering a variety of topics including healthy relationships, internet/technology safety, boundaries and sexual abuse prevention. If you do not want your Children to participate in this training please indicate by signing below. You will be notified when a training is scheduled.

***I request that my child(ren) NOT participate in the Safe Environment session this 2017-2018 catechetical year.***

**Parent/guardian signature** \_\_\_\_\_ **date** \_\_\_\_\_

**Please Complete this section ONLY if you have a child(ren) preparing for Reconciliation, Eucharist or Confirmation**

This information is required for completing the parish's Sacramental Register. It must be completed in full. When submitting this form, please supply a copy of your child's baptismal certificate if they were NOT Baptized at St. Vincent's.

**Euch/Rec or Confirmation** (Circle) **Baptismal Name of Candidate: First** \_\_\_\_\_ **Last** \_\_\_\_\_

**Candidate's Parents' Names** \_\_\_\_\_

**Birth: Month, Day, Year** \_\_\_\_\_ **City & State:** \_\_\_\_\_

**Baptism: Month, Day, Year** \_\_\_\_\_ **Church** \_\_\_\_\_ **City & State** \_\_\_\_\_

**Euch/Rec or Confirmation** (Circle) **Baptismal Name of Candidate: First** \_\_\_\_\_ **Last** \_\_\_\_\_

**Candidate's Parents' Names** \_\_\_\_\_

**Birth: Month, Day, Year** \_\_\_\_\_ **City & State:** \_\_\_\_\_

**Baptism: Month, Day, Year** \_\_\_\_\_ **Church** \_\_\_\_\_ **City & State** \_\_\_\_\_

**Please Return to:**

Ellen Keuterman, Director of Faith Formation  
[k-5faithformation@stvincentalbany.org](mailto:k-5faithformation@stvincentalbany.org)

Tahlia Hadley, Director of Youth Ministry  
[youthministry@stvincentalbany.org](mailto:youthministry@stvincentalbany.org)

**900 Madison Ave.  
Albany, NY 12208  
518-489-5408**