

# Faith Formation Registration Form

2024-2025 School Year

The Lord's Vineyard Family of Parishes

OFFICE USE ONLY

PDS updated \_\_\_\_\_



**Family Name**

**Home Parish**

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**School-Age Children (K-12)**

Name	Birthdate	School	Grade

Sacraments	Baptism	First Reconciliation	First Communion
Approximate Date			
Church			

Name	Birthdate	School	Grade

Sacraments	Baptism	First Reconciliation	First Communion
Approximate Date			
Church			

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Sacraments	Baptism	First Reconciliation	First Communion
Approximate Date			
Church			

**Parents/Guardians**

Primary Parental/Guardian Contact Name(s)	Relationship to child(ren)	Language spoken at home

Address	City	Zip Code

Phone	Text ok ?	Phone	Text ok ?

Email Address	Email Address

Alternate or Emergency Contact Name	Relationship to child(ren)	Phone

### Transportation

Besides the parent/guardian, who is allowed to pick up your child(ren)

Name	Phone #

Persons **NOT** allowed to pick up:

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My child(ren) will walk home

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### Special Needs – All students are welcome!

What accommodations do(es) your child(ren) need to be successful in this program?  
(learning, behavioral, health, allergy, special family situation, etc.)

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### Ways I Can Help

- Donation to cover textbooks, teacher resources and classroom supplies throughout the year  
*(Feel free to include cash or check (payable to your parish) with this form or drop in the collection basket any time. Thank you!)*
- Catechist (teacher)
- Classroom Aide (regular or occasional)
- Snacks (occasional)

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### Medical Release

In the event that the above named primary and alternate contacts cannot be reached, and in the judgement of the coordinator of religious education, other person responsible for the program or group, or other appropriate staff member, there is a necessity for immediate examination and/or treatment of my child(ren), I hereby authorize any of the aforesaid personnel to obtain for my child(ren) such medical services as are deemed necessary, I agree to assume the financial responsibility for any diagnosis, treatment, and medication deemed necessary.

Signature of parent/guardian	Date
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**Suggested donation: \$40/child.** Any amount gratefully accepted. Please make checks payable to your home parish.  
Thank you!

**Questions?** Grades K-6 - Contact JoAnn Catalano (716-785-2406) or [jcatalano@thelordsvineyard3.com](mailto:jcatalano@thelordsvineyard3.com)  
Grades 7+ - Contact Natalie Hoebener [nhoebener@thelordsvineyard3.com](mailto:nhoebener@thelordsvineyard3.com)

**Return this form to the central office at:**

**The Lord’s Vineyard, 1030 Central Ave., Dunkirk, NY 14048 or drop in the collection basket**