

REGISTRATION FORM ST. JOHN VIANNEY FFfC

Family: _____
(last name) (address) (phone #)

Father: _____
(first name) (religion) (work #)

Mother: _____
(first name) (religion) (work#)

Mother's Maiden Name: _____ e-mail: _____
(last name) (address)

Children's Names	Date of Birth	Grade	Date of Baptism	Baptismal Parish	1 st Communion Parish

Please make note of any physical or learning difficulties OR allergies:

A **copy** of your child's Baptismal Certificate is required unless:

1. You've already handed in a copy.
2. Your child was baptized at S.J.V.

Parent's Signature _____

Date: _____

