

st. john vianney parish  religious education office

920 KEOLU DR. • KAILUA, OAHU, HAWAII 96734 • TELEPHONE (808) 262-8317

DATE: _____

FAMILY NAME: _____

Registered Parishioner? Yes No Year Registered: _____

Please note: If you are not a registered member of St. John Vianney Parish, you will need to complete a Parish Registration form prior to your child enrolling in Religious Education classes.

Mailing Address: _____ City: _____ State/Zip: _____

E-Mail: _____ Phone: _____

Father/Guardian

Name: _____ Religion: _____ Phone: _____

Marital Status: Married Separated Divorced Remarried Deceased Single

I would be interested in volunteering: Teacher or Aide Special Events/Projects Office

Mother/Guardian

Name: _____ Religion: _____ Phone: _____

Marital Status: Married Separated Divorced Remarried Deceased Single

Mother's Maiden

Name: _____

I would be interested in volunteering: Teacher or Aide Special Events/Projects Office

Child(ren) Live With: Both Parents Father Mother Other: _____

Emergency Contact

Name: _____

Relationship: _____ Phone (Reachable on Sundays): _____

Address: _____

If unable to pick up child(ren), permission to release to above? : Yes No

STUDENT #1 INFORMATION

Full Name: _____

Nickname/Preferred Name: _____

Date of Birth: ____/____/____ Age: _____ Birthplace City/State: _____ Male/Female
Month/Day/Year (Circle One)

School Name: _____ Grade: _____

Is Student: _____ New to St. John Vianney Religious Education _____ Returning

If New, has the student had any previous religious education? If yes, please indicate Parish, years attended and grade level completed:

Is your child preparing to receive any Sacraments this year? Please check:

- _____ Baptism
- _____ 1st Reconciliation/Eucharist/Confirmation
- _____ Confirmation

Catholic Baptism: Yes _____ No _____ If yes, date of Baptism: ____/____/____

Church: _____
Church Name and Address

If your child was not baptized at St. John Vianney Parish and you have not previously done so, please provide the Religious Education Department with a copy of the Baptismal Certificate.

First Eucharist: Yes _____ No _____ If yes, date of 1st Eucharist: ____/____/____

Church: _____
Church Name and Address

If your child did not receive First Eucharist at St. John Vianney Parish and you have not previously done so, please provide the Religious Education Department with a copy of the First Eucharist Certificate.

Confirmation: Yes _____ No _____ If yes, date of Confirmation: ____/____/____

Church: _____
Church Name and Address

If your child did not receive Confirmation at St. John Vianney Parish and you have not previously done so, please provide the Religious Education Department with a copy of the Confirmation Certificate.

STUDENT #2 INFORMATION

Full Name: _____

Nickname/Preferred Name: _____

Date of Birth: ____/____/____ Age: _____ Birthplace City/State: _____ Male/Female
Month/Day/Year (Circle One)

School Name: _____ Grade: _____

Is Student: _____ New to St. John Vianney Religious Education _____ Returning

If New, has the student had any previous religious education? If yes, please indicate Parish, years attended and grade level completed:

Is your child preparing to receive any Sacraments this year? Please check:

_____ Baptism

_____ 1st Reconciliation/Eucharist/Confirmation

_____ Confirmation

Catholic Baptism: Yes _____ No _____ If yes, date of Baptism: ____/____/____

Church: _____

Church Name and Address

If your child was not baptized at St. John Vianney Parish and you have not previously done so, please provide the Religious Education Department with a copy of the Baptismal Certificate.

First Eucharist: Yes _____ No _____ If yes, date of 1st Eucharist: ____/____/____

Church: _____

Church Name and Address

If your child did not receive First Eucharist at St. John Vianney Parish and you have not previously done so, please provide the Religious Education Department with a copy of the First Eucharist Certificate.

Confirmation: Yes _____ No _____ If yes, date of Confirmation: ____/____/____

Church: _____

Church Name and Address

If your child did not receive Confirmation at St. John Vianney Parish and you have not previously done so, please provide the Religious Education Department with a copy of the Confirmation Certificate.

STUDENT #3 INFORMATION

Full Name: _____

Nickname/Preferred Name: _____

Date of Birth: ____/____/____ Age: _____ Birthplace City/State: _____ Male/Female
Month/Day/Year (Circle One)

School Name: _____ Grade: _____

Is Student: _____ New to St. John Vianney Religious Education _____ Returning

If New, has the student had any previous religious education? If yes, please indicate Parish, years attended and grade level completed:

Is your child preparing to receive any Sacraments this year? Please check:

_____ Baptism

_____ 1st Reconciliation/Eucharist/Confirmation

_____ Confirmation

Catholic Baptism: Yes _____ No _____ If yes, date of Baptism: ____/____/____

Church: _____
Church Name and Address

If your child was not baptized at St. John Vianney Parish and you have not previously done so, please provide the Religious Education Department with a copy of the Baptismal Certificate.

First Eucharist: Yes _____ No _____ If yes, date of 1st Eucharist: ____/____/____

Church: _____
Church Name and Address

If your child did not receive First Eucharist at St. John Vianney Parish and you have not previously done so, please provide the Religious Education Department with a copy of the First Eucharist Certificate.

Confirmation: Yes _____ No _____ If yes, date of Confirmation: ____/____/____

Church: _____
Church Name and Address

If your child did not receive Confirmation at St. John Vianney Parish and you have not previously done so, please provide the Religious Education Department with a copy of the Confirmation Certificate.