

Family Name:	Family Residence Address:
Home Phone:	
Family E-mail Address:	
Registered Parishioners of St. John Neumann? Yes <input type="checkbox"/> No <input type="checkbox"/>	

	Mother	Father
Name		
E-mail		
Cell Phone		
Work Phone		
Occupation		
Religion		

Tuition: 1 Child - \$135 2 Children - \$250 3 or more Children- \$350

*Registrations not received by June 17, 2011 will receive a \$20 increase.

Make checks payable to St. John Neumann.

Child's Name: <i>Print first and last name</i>	First Child	Second Child	Third Child	Fourth Child	Fifth Child	
Gender:						
Age:						
Grade as of Sept '11						
# of years in Rel Ed:						
Public School Name						
Check the sacraments child has already received	Baptism <input type="checkbox"/> Reconciliation <input type="checkbox"/> Eucharist: <input type="checkbox"/> Confirmation: <input type="checkbox"/>	Baptism: <input type="checkbox"/> Reconciliation <input type="checkbox"/> Eucharist: <input type="checkbox"/> Confirmation <input type="checkbox"/>	Baptism: <input type="checkbox"/> Reconciliation <input type="checkbox"/> Eucharist: <input type="checkbox"/> Confirmation <input type="checkbox"/>	Baptism <input type="checkbox"/> Reconciliation <input type="checkbox"/> Eucharist: <input type="checkbox"/> Confirmation <input type="checkbox"/>	Baptism <input type="checkbox"/> Reconciliation <input type="checkbox"/> Eucharist: <input type="checkbox"/> Confirmation <input type="checkbox"/>	
Religious Education Program Desired: <i>Choose from the following for each child.</i> <i>Write 1st and 2nd choices.</i> <i>* Classes fill up on a first come first serve basis.</i> <i>*Once assigned, classes CANNOT be changed.</i>	1st – 8th grade _____ Tuesday 5:00– 6:15 _____ Wednesdays 5:00 – 6:15 _____ Wednesdays 7:00 – 8:15 _____ Pre K- K Mondays 4:30-5:30 _____ RCIC – must meet with DRE to register	1st – 8th grade _____ Tuesday 5:00– 6:15 _____ Wednesdays 5:00 – 6:15 _____ Wednesdays 7:00 – 8:15 _____ Pre K- K Mondays 4:30- 5:30 _____ RCIC– must meet with DRE to register	1st – 8th grade _____ Tuesday 5:00– 6:15 _____ Wednesdays 5:00 – 6:15 _____ Wednesdays 7:00 – 8:15 _____ Pre K- K Mondays 4:30-5:30 _____ RCIC– must meet with DRE to register	1st – 8th grade _____ Tuesday 5:00– 6:15 _____ Wednesdays 5:00 – 6:15 _____ Wednesdays 7:00 – 8:15 _____ Pre K- K Mondays 4:30-5:30 _____ RCIC– must meet with DRE to register	1st – 8th grade _____ Tuesday 5:00– 6:15 _____ Wednesdays 5:00 – 6:15 _____ Wednesdays 7:00 – 8:15 _____ Pre K- K (Mondays 4:30-5:30 _____ RCIC– must meet with DRE to register	
Where did this child attend Rel. Ed last year?						
Office Use Only	Date received: Date entered:	Sacr. Prep Form: Y / N	Tuition:	Paid:	Balance:	Check <input type="checkbox"/> Chk # Cash <input type="checkbox"/>

VOLUNTEER! We cannot serve the children without your help! *I am interested in volunteering as a :*

_____ *Catechist* in Grade _____ Time _____

_____ *Aide* in Grade _____ Time _____

Background Information

Child's Name	Medications	Allergies	Health Issues	Learning Issues

Insurance Information

Name of Insurance Company:	Policy Number:
Physician's Name:	Physician's Phone:
Emergency Contact Person (Other than Parents) and Phone Number:	Relation to Child:

Consent to Treat: *I authorize the staff of St. John Neumann Catholic Church (salaried and/or volunteer) to administer First Aid and/or take my child to a physician or hospital for emergency treatment in the event it appears necessary and neither parent nor guardian can be contacted. We will notify the Rescue Squad in emergency situations.*

Signature of Parent/Guardian: _____ Date: _____ / _____ / _____

List the name(s) of those who will pick your child up from Religious Education Classes (if not the parents):

The children live with: mother father both Other (explain): _____

I give permission for any photographs taken of my child at this program to be used on the parish website or with any religious education public relations.

Signature : _____ Date: _____ / _____ / _____