

**ST JOHN NEUMANN CHURCH
RELIGIOUS EDUCATION REGISTRATION FORM
SCHOOL YEAR 2008 – 2009
GRADES K/4–9TH
Wednesday 6:30 to 7:45 p.m.
TEENS FOR CHRIST
Sunday 7:00 to 8:30 p.m.**

FAMILY NAME _____

Date Registered _____

ADDRESS _____

Reg. Fee Paid: _____

CITY _____ **ZIP** _____

**(\$30 First Child)
(\$20 Each Additional)**

PHONE _____ **EMAIL** _____

PARENT INFORMATION

Father's Name _____ **Work #** _____

Mother's Name _____ **Work #** _____

STUDENT INFORMATION: BEGIN WITH OLDEST to be registered in program. If last name is different than parents, please indicate on form. **COPY OF BAPTISMAL CERTIFICATE** is required for **2nd and 9th graders**.

Grade Entering	First Name	Last Name (if different)	M/F	Date of Birth	Sacraments received <u>Bapt.</u> <u>Confession</u> <u>First Holy Comm.</u> <u>Confirm.</u>

Indicate any special medical needs of your child that the Catechist should be aware of including any special medications he/she may be taking (e.g. Ritalin):

Child's Name _____ Medical Condition/concern _____

I WOULD LIKE TO ASSIST THE RELIGIOUS EDUCATION PROGRAM AS:

Name of Person Volunteering _____

Catechist in Grade _____ Ass't Catechist in Grade _____ Substitute in Grade _____ Babysitter _____