

**St. John Neumann Religious Education Program
Annual Registration Form**

Circle one please - Class preferred: **Tuesday** 4:30 - 5:45 pm ~~~ **Wednesday** 6:00 - 7:15 pm

Last Name _____ First Name _____ CCD Grade going into _____

Date of Birth _____ Male/Female _____ Phone _____

Address _____ City _____ Zip _____

Emergency Contact _____ Phone _____

Your e-mail address: _____ Cell # _____

Do you wish to receive communications through email or text? _____

We are **registered** members of St. John Neumann Parish _____ (y/n) We are registered with the Hispanic Ministry _____ (y/n) We are **registered** members of _____ Parish. We have our Pastor's permission to attend Religious Education classes at St. John Neumann Parish.

Are there any special circumstances or concerns about your child that you would like us to be aware of in order to relate to your child? _____

Public School of attendance (Fall 2025) _____ Grade (Fall 2025) _____

Siblings in Religious Education Program

NAME	LEVEL (Fall 2025)	Male/Female
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Tuition Fee - One Child (\$85) _____ Two or more children (\$130) _____

Check # _____ Cash _____, (Parent Initial) Date _____

Children preparing for the Sacraments of Eucharist, Penance, or Confirmation must be in the program for at least TWO consecutive years before reception of the Sacraments. This is a Camden Diocesan Policy.

I am willing to volunteer as a:

_____ Teacher (grade) _____, (day) _____

_____ Substitute Teacher (grade) _____, (day) _____

_____ Teacher Aide (as needed) (grade) _____, (day) _____

_____ Office Help - Tuesday, 4:30 pm _____ or Wednesday, 6:00 pm .

If your child is coming into our first grade program or if this is your child's first time in our Religious Education Program, please complete the back of this registration form. Thank you!

For children coming to Religious Education Classes for the first time at St. John Neumann Parish.

Father's Full Name _____ Living () Deceased ()

Father's Address _____ Marital Status _____

Religion _____ Occupation _____ Wk. Phone _____

Mother's Full Name _____ Living () Deceased ()

Mother's Address _____ Marital Status _____

Religion _____ Occupation _____ Wk. Phone _____

SACRAMENTAL INFORMATION FOR STUDENT

SACRAMENT	DATE	CHURCH	CITY	STATE
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Baptism	_____	_____	_____	_____
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Please bring the baptismal certificate to school for us to verify.

First Reconciliation/Penance	_____	_____	_____	_____
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First Eucharist	_____	_____	_____	_____
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Confirmation	_____	_____	_____	_____
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