St. John Neumann Parish Religious Education Program
Annual Registration Form

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

If you cannot attend one of these days, mark this box □ What days are you free? _____

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 Regional 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 better understand your child? _____

Public School of attendance (Fall 2026) _____ Grade (Fall 2026) _____

Siblings in Religious Education Program

NAME	**GRADE (Fall 2026)**	**Male/Female**

Tuition Fee – One Child (**$85**)_____Two or more children **($130**)_____

Check # _____ Cash _____ (Date of Payment) _____

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

I am willing to volunteer as a:

_____ Teacher (grade) _____ (day) _____
_____ Substitute Teacher (grade) _____(day) _____
_____ Teacher's Assistant (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 following page:

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

Baptism _____

Please bring the baptismal certificate to school for us to verify.

First Reconciliation _____

First Eucharist _____