

Pd: _____ D: _____ Ck: _____ Csh: _____

G: _____

2009-2010



Grades 6, 7, 8

Your Child:

Last Name _____ Full First Name _____ Full Middle Name _____

Birth Date _____ School (Fall 2009) _____ Grade (Fall 2009) _____ T-shirt size (grade 6 & new students only) _____

Parents / Guardians:

Mr. & Mrs. – Mr. – Mrs. – Miss – Ms. _____ Child Resides With _____

Address _____ City/Zip _____

Parent E-Mail _____ Phone _____

Mother's First & Last Name _____ Mother's Cell # _____

Father's First & Last Name _____ Father's Cell # _____

Your Child's Sacraments:

For grade 8 and new students ONLY

Baptism: St. John Neumann Church Other Parish Date of Baptism _____
(If not St. John's) Church _____ City & State _____

1st Confession: St. John Neumann Church Other Parish
(If not St. John's) Church _____ City & State _____

1st Eucharist: St. John Neumann Church Other Parish Date of 1st Communion _____
(If not St. John's) Church _____ City & State _____

Annual \$90 Fee per Student

Students making their Confirmation have a sacrament fee of an additional \$35.

Checks Payable To: St. John Neumann PSR

Fees not to exceed \$250 per family each year. A \$20 late fee per family will be assessed after Aug. 1.

Emergency Information:

Special Medication/Diagnosed Medical Conditions _____

Food/Drug Allergies _____

Contact (if parent not available) _____ Relation _____ Phone _____

Emergency Release:

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for any treatment deemed necessary by paramedics and/or emergency room doctors and the transfer of the child to the nearest hospital.

Parent/Guardian Signature _____ Date _____