

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

S: _____ G: _____

2009-2010
Parish School of Religion
Church of St. John Neumann
Grades 1 - 5

Your Child:

Last Name _____ Full First Name _____ Full Middle Name _____

Birth Date _____ School (Fall 2009) _____ Grade (Fall 2009) _____

Parents / Guardians:

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

Address _____ City/Zip _____

Parent E-Mail Address _____ Phone _____

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

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

Your Child's Sacraments: *For grades 1 & 2 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 \$60 Fee per Student

Students making their First Communion 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 _____

Parent/Guardian Printed Name _____