

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

G: _____

2010-2011
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 2010) _____ Grade (Fall 2010) _____

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 # _____

Is your family registered parishioners of St. John Neumann? Yes No If not, which parish do you belong to? _____

Your Child's Sacraments:

Baptism: Has your child received this sacrament? Yes No **Where?** St. John Neumann Church Other Parish

1st Confession: Has your child received this sacrament? Yes No **Where?** St. John Neumann Church Other Parish

1st Eucharist: Has your child received this sacrament? Yes No **Where?** St. John Neumann Church Other Parish

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 _____