

# ST JOHN NEUMANN CATHOLIC CHURCH

Mailing address: 721 Polo Rd. Columbia, SC 29223

## RELIGIOUS EDUCATION REGISTRATION FORM SCHOOL YEAR 2019 – 2020

**GRADES PreK–8<sup>TH</sup>**

**Wednesdays 6:30 to 7:45 p.m.**

**Classes Start: September 11<sup>th</sup>, 2019**

FAMILY NAME \_\_\_\_\_

Date Registered \_\_\_\_\_

ADDRESS \_\_\_\_\_

**Registration Fee Paid: \_\_\_\_\_  
\$40 per child**

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

**Additional Sacramental Fee: \$20 [1st Communion]**

PHONE \_\_\_\_\_

**DEADLINE: August 26<sup>th</sup>, 2019**

**Late Fee: additional \$10/child**

**\*EMAIL (please print) \_\_\_\_\_**

### PARENT INFORMATION

Father's Name \_\_\_\_\_ cell# \_\_\_\_\_

Mother's Name \_\_\_\_\_ cell# \_\_\_\_\_

- **Copy of Baptismal Certificate is required with registration form for students receiving First Holy Communion.**
- **If Baptized in St. John Neumann please indicate in the form writing "SJN".**
- **Non-baptized children need to submit a copy of Birth Certificate with the form.**

Grade 2019- 2020	First Name	Last Name (if different)	M/F	Date of Birth	Sacraments received (Please check the ones received and write SJN if received in this church)			
					Baptism	Confession	First Holy Communion	Confirm.
<b><u>STUDENT INFORMATION:</u> BEGIN WITH OLDEST</b>								

**Indicate any special medical needs of your child that the catechist should be aware of including any special medications he/she may be taking (e.g. Ritalin):**

Child's Name:

Medical condition/concern:

### ***I WOULD LIKE TO ASSIST THE RELIGIOUS EDUCATION PROGRAM***

Name of Person Volunteering \_\_\_\_\_

### **AS:**

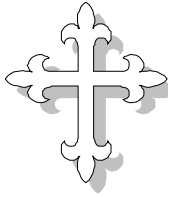
Catechist in Grade \_\_\_\_\_ Ass't Catechist in Grade \_\_\_\_\_

Hallway/Parking Monitors \_\_\_\_\_ Substitute in Grade \_\_\_\_\_

**\*Sacramental Preparation is a 2-year process. During that time, we only accept 3 unexcused absences per year.**

**It is the responsibility of the parents to take their children to the correct classrooms.**

**Initial \_\_\_\_\_**



# St. John Neumann Church

## Office of Christian Formation

Cherie Smith, M.T.S.  
Pastoral Associate

721 Polo Road  
Columbia, SC 29223  
(803) 788 - 0811

TO: Parents

SUBJECT: Sexual Abuse Prevention Education Notice / Opt-Out Form and  
Consent for Publication of Information

St. John Neumann Parish School of Religion will present a sexual abuse prevention program, *Touching Safety class*, on September 25, 2018, with a make-up date of October 9.

If you wish to "opt" your child out of this class (you *do not* want your child to attend), please complete the "opt-out" form at the bottom of this page.

\*\*\*\*\*

### Opt-out of the 2019 Teaching Touching Safety Program:

St. John Neumann Parish School of Religion *does not* have my permission to present the Teaching Touching Safety program, to my child/children:

1. \_\_\_\_\_ 2. \_\_\_\_\_
3. \_\_\_\_\_ 4. \_\_\_\_\_

Parent's Name (printed) \_\_\_\_\_

Parent's Signature \_\_\_\_\_

**Date:** \_\_\_\_\_

\*\*\*\*\*

### Opt-Out of Parent/Guardian Consent for Publication of Information

My child(ren)'s photo/work *may not be used* on the parish website, Newsletter, Social Media, etc. We do not post any identifying names with pictures or work.

Parent's Name (printed) \_\_\_\_\_

Parent's Signature \_\_\_\_\_

**Date:** \_\_\_\_\_