ST JOHN NEUMANN CATHOLIC CHURCH

Mailing address: 721 Polo Rd. Columbia, SC 29223



RELIGIOUS EDUCATION REGISTRATION FORM SCHOOL YEAR 2020 – 2021

GRADES PreK-8TH Wednesdays 6:30 to 7:45 p.m. <u>Classes Start</u>: September 9th, 2020

ADDRESS				Date Registered					
				Registration Fee Paid:					
CITYZIP				\$40 per child Additional Sacramental Fee: \$20 [1st Communion]					
PHONE				<u>DEADLINE</u> : August 24 th , 2020 <u>Late Fee</u> : additional \$10/child					
* <u>EM/</u>	<u>NIL</u> (please print)			<u>Late F</u>	<u>ee</u> : additi	onal \$10	/child	
<u>PAREN</u>	T INFORMATION								
Father's Name					#				
Mother's Name					#				
• • •	Holy Communion. If Baptized in St. J	Certificate is required wind ohn Neumann please indiverse indiverse representation of the contract of the cont	icate in	the form v th Certific Date of	writing "S ate with t	JN".			
2020- 2021				Birth	(Please check the ones received and write SJN if received in this church)				
	STUDENT INFO	DRMATION : BEGIN WITH (DLDEST		Baptism	Confession	First Holy Communion	Confirm.	
		cal needs of your child th ne may be taking (e.g. Rit		atechist s	hould be	aware of	including	any	
Child's Name:						*Sacramental Preparation is a 2- <u>year</u> process. During that time, we only accept 3 <u>unexcused</u> <u>absences</u> per year.			
Medical condition/concern:									
		THE RELIGIOUS EDUCATION			parents	responsi to take t ect classi	heir child		
AS: Catech	ist in Grade	Ass't Catechist in Grad	e		Initial _				
Hallwa	y/Parking Monitors	Substitute in Grade							



St. John Neumann Church

Office of Christian Formation

Verónica Carneiro Coordinator 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 30, 2020, with a make-up date of October 14.

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 2020 Teaching Touching Safety Program:

Touching Safety program, to my ch	of Religion <u>does not</u> have my permission to paild/children: 2	present the Teaching
3	4	
Parent's Name (printed)		_
Parent's Signature		_
Date:		

My child(ren)'s photo/work <u>may n</u> We do not post any identifying nar	ot be used on the parish website, Newsletter mes with pictures or work.	, Social Media, etc.
Parent's Name (printed)		-
Parent's Signature		