

# St John Neumann Church

## Family of Faith Registration

**Term: 2025-2026**

9633 E State Rt 37, Sunbury, OH 43074

**Please return this form to Julie Bando:**  
**jbando@stjohnsunbury.org**

If your child has missed receiving Eucharist or Confirmation for any reason, and they would like to begin or continue the process for Sacramental preparation, please check the box under Sacraments missed and indicate which Sacrament

### FAMILY INFORMATION

**Family Last Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Father's Name: \_\_\_\_\_ Father's Cell / Work: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Mother's Cell / Work: \_\_\_\_\_

Mother's Maiden: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ **Emergency Contact:** \_\_\_\_\_

Home Address: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

City, ST Postal: \_\_\_\_\_ Both Parents Catholic? Yes / No

### STUDENT #1 INFORMATION

**Child Name:** \_\_\_\_\_ **Catholic?** Yes / No

Gender: Male ☐ Female

Birth Date: \_\_\_\_\_

Grade: \_\_\_\_\_

School Attending: \_\_\_\_\_

**Special Needs** (Medical, Learning Disabilities, Physical Disabilities, etc):  
\_\_\_\_\_

**Sacrament Details** Check & Date All Below

	<b>Sacraments Needed</b>
<input type="checkbox"/> Baptism: _____	
<input type="checkbox"/> Eucharist: _____	Eucharist
<input type="checkbox"/> Reconciliation Prep: _____	Confirmation
<input type="checkbox"/> Confirmation: _____	

### STUDENT #2 INFORMATION

**Child Name:** \_\_\_\_\_ **Catholic?** Yes / No

Gender: ☐ Male ☐ Female

Birth Date: \_\_\_\_\_

Grade: \_\_\_\_\_

School Attending: \_\_\_\_\_

**Special Needs** (Medical, Learning Disabilities, Physical Disabilities, etc):  
\_\_\_\_\_

**Sacrament Details** Check & Date All Below

	<b>Sacraments Needed</b>
<input type="checkbox"/> Baptism: _____	
<input type="checkbox"/> Eucharist: _____	Eucharist
<input type="checkbox"/> Reconciliation Prep: _____	Confirmation
<input type="checkbox"/> Confirmation: _____	

**Payment may be made via:** check payable to SJN (memo Family of Faith) Tuition per Family: \$225

**or on line at:**  
[www.wesharegiving.org/app/giving/WeShare-20001848?tab=home](http://www.wesharegiving.org/app/giving/WeShare-20001848?tab=home)

Yearly food cost for High School  
Students: \$200 suggested donation

NOTE: If any of your children were baptized outside of this parish, and you have not already supplied us with a copy of each child's baptismal record, you will need to supply a copy for our files.

**Tuition DUE:** \$ \_\_\_\_\_ **Tuition PAID:** \$ \_\_\_\_\_ **Signature:** \_\_\_\_\_

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### Additional Students

#### STUDENT #3 INFORMATION

**Child Name:** \_\_\_\_\_

**Catholic?** Yes / No

Gender: ☐ Male ☐ Female

**Sacrament Details** Check & Date All Below

Birth Date: \_\_\_\_\_

☐ Baptism: \_\_\_\_\_

#### Sacraments Needed

Grade: \_\_\_\_\_

☐ Eucharist: \_\_\_\_\_

Eucharist

School Attending: \_\_\_\_\_

☐ Reconciliation Prep: \_\_\_\_\_

Confirmation

☐ Confirmation: \_\_\_\_\_

**Special Needs** (Medical, Learning Disabilities, Physical Disabilities, etc):

#### STUDENT #4 INFORMATION

**Child Name:** \_\_\_\_\_

**Catholic?** Yes / No

Gender: ☐ Male ☐ Female

**Sacrament Details** Check & Date All Below

Birth Date: \_\_\_\_\_

☐ Baptism: \_\_\_\_\_

#### Sacraments Needed

Grade: \_\_\_\_\_

☐ Eucharist: \_\_\_\_\_

Eucharist

School Attending: \_\_\_\_\_

☐ Reconciliation Prep: \_\_\_\_\_

Confirmation

☐ Confirmation: \_\_\_\_\_

**Special Needs** (Medical, Learning Disabilities, Physical Disabilities, etc):

#### STUDENT #5 INFORMATION

**Child Name:** \_\_\_\_\_

**Catholic?** Yes / No

Gender: ☐ Male ☐ Female

**Sacrament Details** Check & Date All Below

Birth Date: \_\_\_\_\_

☐ Baptism: \_\_\_\_\_

#### Sacraments Needed

Grade: \_\_\_\_\_

☐ Eucharist: \_\_\_\_\_

Eucharist

School Attending: \_\_\_\_\_

☐ Reconciliation Prep: \_\_\_\_\_

Confirmation

☐ Confirmation: \_\_\_\_\_

**Special Needs** (Medical, Learning Disabilities, Physical Disabilities, etc):