

St John Neumann Church

Family of Faith Registration

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

Term: 2024-2025

9633 E State Rt 37, Sunbury, OH 43074

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: _____ **Sacrament Details** Check & Date All Below
Grade: _____ **Sacraments Needed**
 Baptism: _____ Eucharist
 Eucharist: _____ Confirmation
 Reconciliation Prep: _____
 Confirmation: _____
Special Needs (Medical, Learning Disabilities, Physical Disabilities, etc):

STUDENT #2 INFORMATION

Child Name: _____ **Catholic?** Yes / No
Gender: Male Female
Birth Date: _____ **Sacrament Details** Check & Date All Below
Grade: _____ **Sacraments Needed**
 Baptism: _____ Eucharist
 Eucharist: _____ Confirmation
 Reconciliation Prep: _____
 Confirmation: _____
Special Needs (Medical, Learning Disabilities, Physical Disabilities, etc):

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

Yearly food cost for High School Students:
\$150 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

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

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

Reconciliation Prep: _____

Confirmation

Confirmation: _____

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