## St John Neumann Church

## Religious Ed. Registration

9633 E State Rt 37, Sunbury, OH 43074 **Term:** 2022-2023

ily Last Name:		Date:	
_			
N.C. 1   N.C. 1			
_			
			es / No
DENT #1 INFORM	MATION		
Child Name: _		Catholic?	Yes / No
	☐Male ☐Female	Sacrament Details	Check & Date All Below
Birth Date: _		Baptism:	
Grade: _		_ Eucharist:	
Session:		Reconciliation Prep:	-
Class: _	Medical, Learning Disabilities, P	☐ Confirmation:	
Class: _	Medical, Learning Disabilities, P	☐ Confirmation:	
Class: _ Special Needs (	Medical, Learning Disabilities, P	Confirmation: hysical Disabilities, etc):	
Class: _ Special Needs (1)  DENT #2 INFORM Child Name: _	Medical, Learning Disabilities, P	Confirmation: hysical Disabilities, etc):	
Class: _ Special Needs (1)  DENT #2 INFORM Child Name: _ Gender:	Medical, Learning Disabilities, P	Catholic?  Sacrament Details	Yes / No
Class: _ Special Needs (1)  DENT #2 INFORM Child Name: _ Gender: Birth Date: _	Medical, Learning Disabilities, P  MATION   ☐ Male ☐ Female	Catholic?  Sacrament Details  Baptism:	Yes / No Check & Date All Below
Class: _ Special Needs (1)  DENT #2 INFORM Child Name: _ Gender: Birth Date: _ Grade: _	Medical, Learning Disabilities, P  MATION  □ Male □ Female	Catholic?  Sacrament Details  Baptism:  Eucharist:	Yes / No Check & Date All Below

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**

		Catholic?	Yes / No
Gender:	☐ Male ☐ Female	Sacrament Details	Check & Date All Below
Birth Date:		Baptism:	
	(Medical, Learning Disabilities,	Physical Disabilities, etc):	
NT #4 INFOR Child Name:		Catholic?	Yes / No
•		Cathone: Sacrament Details	Check & Date All Below
			Check & Date All Below
Grade.		Eucharist.	·
Section		Reconciliation Pren	
Class:	(Medical, Learning Disabilities,	Confirmation:	
Class:	(Medical, Learning Disabilities,	Confirmation:	
Class: Special Needs ENT #5 INFOR	(Medical, Learning Disabilities,	Confirmation: Physical Disabilities, etc):	Yes / No
Class:  Special Needs  ENT #5 INFOR  Child Name:	(Medical, Learning Disabilities,	Confirmation: Physical Disabilities, etc):	
Class:  Special Needs  ENT #5 INFOR  Child Name:  Gender:	(Medical, Learning Disabilities,	Catholic?	Yes / No
Class:  Epecial Needs  ENT #5 INFOR  Child Name:  Gender:  Birth Date:	(Medical, Learning Disabilities,  MATION  □ Male □ Female	Catholic?  Sacrament Details  Baptism:	Yes / No
Class:  Cpecial Needs  ENT #5 INFOR  Child Name:  Gender:  Birth Date:  Grade:	(Medical, Learning Disabilities,  MATION	Catholic?  Sacrament Details  Baptism: Eucharist:	Yes / No Check & Date All Below
Class:  Cpecial Needs  ENT #5 INFOR  Child Name:  Gender:  Birth Date:  Grade:  Session:	(Medical, Learning Disabilities,  MATION	Catholic?  Sacrament Details  Baptism: Eucharist: Reconciliation Prep:	Yes / No Check & Date All Below
Class: Cpecial Needs  ENT #5 INFOR  Child Name:  Gender:  Birth Date:  Grade:  Session:  Class:	(Medical, Learning Disabilities,  MATION  Male Female	Catholic?  Sacrament Details  Baptism: Eucharist: Reconciliation Prep: Confirmation:	Yes / No Check & Date All Below

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