

# 2018-2019 Faith Formation Early Registration

\$50 tuition discount will ONLY be given **May 5, 2018 through May 31, 2018.**

For questions, or to submit your student's completed registration form, contact the **Faith Formation Office.**

Thank you for partnering with the local church in the faith formation of your family. Please remember to submit copies of the following **CERTIFICATE(S)** for your student with their registration form:

Birth Certificate, Baptismal Certificate and First Eucharist Certificate

## 2018-2019 Start of Sessions Dates!



**Sessions for High School Confirmation students** will begin September 16, 2018. (Preceded by Mandatory Confirmation Orientation Meetings August 2018.)

**Sessions for students in Pre-K - 8th grades** will begin September 17 - 20, 2018.

**\*\*SCHEDULE LETTERS WILL BE MAILED HOME AFTER LABOR DAY.\*\***



## 2018-2019 Tuition Payment Option

**TUITION MUST BE PAID IN FULL BY APRIL 30, 2019, IF NOT SOONER.**

A Payment Authorization Form has been attached for families wishing to make installment payments electronically.



Consider this convenient option and tailor your payment schedule according to your budget.



**ONLY ONE FORM IS TO BE COMPLETED AND SUBMITTED PER FAMILY.**

For questions, concerns, or to submit the completed Payment Authorization Form please contact Araceli Perez in the **Faith Formation Office.**

Please keep this  
page for your  
records.

Por favor  
guarde esta  
pagina.



**St. John Neumann  
Roman Catholic  
Church**  
702-657-0200  
702-648-2327 fax

Faith Formation  
Office Hours:  
Tuesday - Thursday,  
9:00 a.m. - 12:00 p.m.  
& 1:30 p.m. - 5:00 p.m.  
Friday,  
9:00 a.m. - 12:00 p.m.  
Saturday,  
9:00 a.m. - 3:00 p.m.  
Closed Sunday - Monday

Faith Formation Student Registration  
**KINDERGARTEN - 8TH GRADES**  
2018-2019 SCHOOL YEAR



*Director of Catechetical Ministries - Cathy Trawinski ext. 210*

*Administrative Assistant for Catechetical Ministries - Araceli Perez ext. 217  
email [araceli.perez@sjnc.org](mailto:araceli.perez@sjnc.org)*

- ◆ Complete, sign, and ATTACH REQUIRED FORMS.
- ◆ Tuition fee for the 2018-2019 school year is **\$ 150.00**.
- ◆ Early registration through **May 31, 2018** will receive a \$50.00 discount.
- ◆ Last day to register is Saturday, August 15, 2018 (pending availability).
- ◆ **Payment in full or a minimum of \$50.00 non-refundable deposit made payable to SJN required to reserve your space.**

**Parent / Guardian** First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

**Cell Phone #:** \_\_\_\_\_

**Parent / Guardian** First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

**Cell Phone #:** \_\_\_\_\_

**Address:** Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

**EMAIL: This is our main communication mode for all Faith Formation information.**

Primary EMAIL account for family:

**Parish:** Please list the parish where your family attends Mass:

(Student must be registered by legal name)

**Student** First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

**ATTACH A COPY OF YOUR CHILD'S BIRTH CERTIFICATE. IF ANY INFORMATION IS DIFFERENT THAN STATED ON THE BIRTH CERTIFICATE LEGAL DOCUMENTATION MUST BE PRESENTED.**

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender: \_\_\_\_\_ Male / Female

Is the student Baptized? **Yes / No** **IF YES, ATTACH A COPY OF THE BAPTISM CERTIFICATE.**

*Please note: For baptism of children 7 years and older parents **MUST** meet with the Director of Catechetical Ministries. Information to follow. For information on baptizing children ages 6 years and younger, please contact the Parish Office during normal business hours or email [leonarda.serna@sjnc.org](mailto:leonarda.serna@sjnc.org).*

Has the student received First Eucharist? (First Communion) : **Yes / No**

**IF YES, ATTACH A COPY OF THE FIRST EUCHARIST/FIRST COMMUNION CERTIFICATE.**

**IF NO, NOTE:** *There will be additional **MANDATORY** meetings and activities specifically geared toward First Reconciliation and First Eucharist. These are separate from Faith Formation sessions and you will be notified as to date and time.*

**ATTACH A LETTER OF TRANSFER IF YOUR CHILD IS COMING FROM ANOTHER PARISH.**

Office use only: \_\_\_\_\_ AMEX / DISC / MC / VISA \_\_\_\_\_ Catechist / Assistant

Date: \_\_\_\_\_ Receipt # \_\_\_\_\_ Check # / M. O. # \_\_\_\_\_ \$ \_\_\_\_\_ of \$ \_\_\_\_\_

Student's **School Grade** in the **2018-2019 School Year** (please circle) :

K	1	2	3	4	5	6	7	8
---	---	---	---	---	---	---	---	---

**Special Needs:** In order to prepare to serve your child please indicate their special needs. Add or attach any additional information that would assist us in preparing the environment for all of the students in the classroom.

ADD\_\_\_ Hearing impaired\_\_\_ Learning Disabilities\_\_\_ Downs Syndrome\_\_\_ Allergies (Environmental)\_\_\_

ADHD\_\_\_ Vision impaired\_\_\_ Speech Delayed\_\_\_ Autism\_\_\_ Allergies (Medical / Diet)\_\_\_

Explain:

**Medication:** If your child is on **ANY** medication please specify:

Students will attend a 90 minute Faith Formation session once a week. Please select from the following schedules.

**Write (1) inside the box of your First choice and (2) inside the box of your Second choice.**

Monday (Please do not write in this box.)	4:00 p.m. - 5:30 p.m.	6:00 p.m. - 7:30 p.m.
Tuesday (Please do not write in this box.)	4:00 p.m. - 5:30 p.m.	6:00 p.m. - 7:30 p.m.
Wednesday (Students entering <b>5TH-8TH GRADES</b> <b>AND</b> their <b>2ND YEAR</b> of preparation to be <b>Baptized and/or</b> receive <b>First</b> <b>Eucharist</b> , must attend class on Wednesday <b>ONLY</b> .)	4:00 p.m. - 5:30 p.m.	6:00 p.m. - 7:30 p.m.
Thursday (Please do not write in this box.)	4:00 p.m. - 5:30 p.m.	6:00 p.m. - 7:30 p.m.

- ◆ For your child's safety and the optimal learning environment of the classroom, a parent/legal guardian of a child with special needs **MUST** assist their child in the classroom. Additional paperwork, an informational class and background check are required as part of our Safe Environment Program.
- ◆ I give my permission to publish pictures of my child in parish or Diocesan publications.
- ◆ St. John Neumann Roman Catholic Church will not deny admission to our programs due to financial considerations.
- ◆ I understand that St. John Neumann Roman Catholic Church is an ENGLISH SPEAKING PARISH. I agree to participate in my child's Faith Formation and/or sacramental preparation.

\_\_\_\_\_  
**PARENT SIGNATURE**

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

OFFICE USE ONLY

## Touching Safety Permission Form

St. John Neumann Roman Catholic Church will present a sexual abuse prevention program, the *Touching Safety* program, to our students during a regularly scheduled class in the month of October.

The creators of the *Protecting God's Children*™ program developed the *Touching Safety* program. This program is provided to us by the Diocese of Las Vegas, and is a part of our ongoing effort to help create and maintain a safe environment for children and to protect all children from sexual abuse.

The scheduled lesson is being offered, **in age appropriate presentations**, to students in kindergarten through the twelfth grades at St. John Neumann Roman Catholic Church. As a parent, you have the right to choose whether your student participates.

For more information on the *Touching Safety* program visit the VIRTUS Online™ website at [www.virtus.org](http://www.virtus.org). If you have questions about the program or the lesson, please contact Cathy Trawinski at 702-657-0200 ext. 210.



## PLEASE SIGN ONE

I GIVE PERMISSION for my child \_\_\_\_\_  
(PRINT STUDENT'S NAME)

to participate in the *Touching Safety* program presented at St. John Neumann Roman Catholic Church. I understand that I am encouraged to visit the website given above and also to speak to Cathy Trawinski with any questions or concerns regarding the program.

PARENT SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## OR

I DO NOT give permission for my child \_\_\_\_\_  
(PRINT STUDENT'S NAME)

to participate in the *Touching Safety* program presented at St. John Neumann Roman Catholic Church. **By opting out of the *Touching Safety* program here at St. John Neumann Roman Catholic Church, I commit to going to the VIRTUS Online™ website at [www.virtus.org](http://www.virtus.org) for information to share with my children on this very important topic.**

PARENT SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please complete  
and submit this  
form.

Por favor  
complete y  
entrega esta  
forma.



Faith Formation Electronic Payment Authorization Form  
**ONLY ONE FORM COMPLETED PER FAMILY**

\_\_\_\_\_ ID #

PARENT / GUARDIAN NAME \_\_\_\_\_

Student Name \_\_\_\_\_ Tuition \$ \_\_\_\_\_

Student Name \_\_\_\_\_ Tuition \$ \_\_\_\_\_

Student Name \_\_\_\_\_ Tuition \$ \_\_\_\_\_

Student Name \_\_\_\_\_ Tuition \$ \_\_\_\_\_

**\*\*USE REVERSE FORM FOR ADDITIONAL NOTES OR ENTRIES**

**With thanks for all God has given me, I intend to support the faith formation of my students  
 at St. John Neumann Roman Catholic Church in the 2018-2019 Faith Formation year  
 with my total tuition commitment of \$ \_\_\_\_\_**

***TO BE PAID IN THE FOLLOWING INSTALLMENTS  
 NO LATER THAN APRIL 30, 2019:***

Amount to be charged/debited \$ \_\_\_\_\_ Date to be charged/debited \_\_\_\_/\_\_\_\_/\_\_\_\_

Amount to be charged/debited \$ \_\_\_\_\_ Date to be charged/debited \_\_\_\_/\_\_\_\_/\_\_\_\_

Amount to be charged/debited \$ \_\_\_\_\_ Date to be charged/debited \_\_\_\_/\_\_\_\_/\_\_\_\_

Amount to be charged/debited \$ \_\_\_\_\_ Date to be charged/debited \_\_\_\_/\_\_\_\_/\_\_\_\_

For office use only
Receipt # _____
Receipt # _____
Receipt # _____
Receipt # _____

**\*\*USE REVERSE FORM FOR ADDITIONAL NOTES OR ENTRIES**

**My signature below authorizes St. John Neumann Roman Catholic Church to begin charging my credit / debit card listed below for the amount(s) as specified above. This authorization is valid until I provide St. John Neumann Roman Catholic Church with written cancellation.**

\_\_\_\_\_  
 Signature Today's date Daytime Phone Number

**Faith Formation Electronic Payment Information**

(circle) VISA MasterCard American Express Discover DEBIT VISA DEBIT MasterCard

CREDIT CARD NUMBER # \_\_\_\_\_ Expiration Date (month/year) \_\_\_\_\_

Name on credit card (exactly as printed): \_\_\_\_\_

Billing Address for credit card (street, Apt. #) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_



*Faith Formation Electronic Payment Authorization Form*  
**ONLY ONE FORM COMPLETED PER FAMILY**

**ADDITIONAL STUDENT NAMES**

Student Name \_\_\_\_\_ Tuition \$ \_\_\_\_\_

Student Name \_\_\_\_\_ Tuition \$ \_\_\_\_\_

Student Name \_\_\_\_\_ Tuition \$ \_\_\_\_\_

Student Name \_\_\_\_\_ Tuition \$ \_\_\_\_\_

**NOTES:**

---



---

**ADDITIONAL INSTALLMENTS TO BE PAID  
 NO LATER THAN APRIL 30, 2019:**

Amount to be charged/debited \$ \_\_\_\_\_ Date to be charged/debited \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Amount to be charged/debited \$ \_\_\_\_\_ Date to be charged/debited \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Amount to be charged/debited \$ \_\_\_\_\_ Date to be charged/debited \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Amount to be charged/debited \$ \_\_\_\_\_ Date to be charged/debited \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Amount to be charged/debited \$ \_\_\_\_\_ Date to be charged/debited \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Amount to be charged/debited \$ \_\_\_\_\_ Date to be charged/debited \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Amount to be charged/debited \$ \_\_\_\_\_ Date to be charged/debited \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Amount to be charged/debited \$ \_\_\_\_\_ Date to be charged/debited \_\_\_\_ / \_\_\_\_ / \_\_\_\_

For office use only	
Receipt # _____	
Receipt # _____	
Receipt # _____	
Receipt # _____	
Receipt # _____	
Receipt # _____	
Receipt # _____	
Receipt # _____	

OFFICE USE ONLY
-----------------