

# 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 and Baptismal 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

### **PRE-SCHOOL (Ages 3-5, NOT IN KINDERGARTEN)**

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*



- ◆ 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 Wednesday, 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 information on baptizing children ages 6 years and younger, please contact the Parish Office during normal business hours or email leonarda.serna@sjnc.org*

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

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

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

**Catechesis of the Good Shepherd (CGS)** is a hands-on, interactive working environment where children are guided toward a greater understanding of God's love in their life. They encounter Jesus the Good Shepherd, who loves them, cares for them, and knows them by name. CGS Level I is a 3 year process beginning with children age 3.

**This registration form is for PRE-SCHOOL students ONLY.**

In order to determine if your child is ready to join the other children in the Atrium (room) please answer **Yes** or **NO** to the following questions:

- Can / Does your child follow simple directions?\_\_\_\_\_
- Can / Does your child communicate in simple sentences?\_\_\_\_\_
- Can / Does your child transition from one activity to another with ease?\_\_\_\_\_
- Can / Does your child interact with other children?\_\_\_\_\_
- Does your child separate from you easily?\_\_\_\_\_
- Is your child completely potty trained?\_\_\_\_\_
- Is your child able to care for their bathroom needs without assistance?\_\_\_\_\_

**Please note:** We realize that children are unique and develop at their own pace. If your child has not acclimated to the Atrium by October 15, 2018, we would encourage that he / she return to the Atrium the following year. This is in the best interest of your child and the other children in the Atrium. Your tuition fee will be adjusted accordingly.

If you have any questions or concerns regarding your child's readiness for CGS please make an appointment to meet with Cathy Trawinski at 657-0200 ext. 210.

**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:

Students will attend a 90 minute 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	4:00 p.m. - 5:30 p.m.	6:00 p.m. - 7:30 p.m.
Tuesday	4:00 p.m. - 5:30 p.m.	6:00 p.m. - 7:30 p.m.
Wednesday	4:00 p.m. - 5:30 p.m.	6:00 p.m. - 7:30 p.m.
Thursday	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.

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

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

OFFICE USE ONLY



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 ____ / ____ / ____	For office use only Receipt # _____ Receipt # _____ Receipt # _____ Receipt # _____ Receipt # _____ Receipt # _____ Receipt # _____ Receipt # _____
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 ____ / ____ / ____	

OFFICE USE ONLY