

PARENT of: _____

2019 - 2020 Faith Formation Student Registration

Spaces for children CURRENTLY attending Faith Formation sessions (along with their siblings) will ONLY be guaranteed through May 2, 2019. REGISTER EARLY.
(Registration for all other children will begin May 6, 2019).

For questions, to make/submit a tuition payment or to submit your child's completed registration form, contact the Faith Formation Office.

Please note that we are still in need of the following for your student:

Birth _____
Certificate

Baptism _____
Certificate

2018-2019 _____
Tuition Balance

2019 - 2020 Tuition Payment

Payment in FULL is due at time of registration.
Or a minimum \$50 non-refundable deposit made payable to SJN.

Remaining 2019 - 2020 tuition must be paid no later than September 13, 2019.
A payment authorization form has been attached to schedule installment payments if needed.

Only ONE payment authorization form is to be completed and submitted PER FAMILY.

For questions, concerns or to submit your payment authorization form, contact the Faith Formation Office.

2019 - 2020 Faith Formation Start of Sessions

Last day to register for Pre-K - 8th grade Faith Formation is
Thursday, August 15, 2019 (PENDING AVAILABILITY).

Pre-K - 8th grade student schedule letters will be MAILED HOME AFTER SEPTEMBER 3, 2019.

Faith Formation sessions for students in Pre-K through 8th grade will begin September 16 - 19, 2019.

2019 - 2020 Confirmation Registration

Confirmation student registration packets will be available for CURRENT 8TH GRADE FAITH FORMATION STUDENTS April 29, 2019 - May 2, 2019. REGISTER EARLY.

SIBLINGS of CURRENT Faith Formation students *who are not currently attending Faith Formation sessions* but who WILL BE ENTERING THE 9TH—11TH GRADES FALL 2019 may also be registered for Confirmation April 29, 2019 - May 2, 2019. REGISTER EARLY.

(Confirmation student registration for CURRENT Confirmation students who will be entering their SECOND year of Confirmation preparation FALL 2019 will be April 28, 2019).

Confirmation student registration **for all other youth of the parish** who WILL BE ENTERING THE 9TH—11TH GRADES FALL 2019 will begin May 6, 2019.

Mandatory Confirmation Orientation meetings will be held August 2019. Confirmation student schedule letters will be MAILED HOME AFTER SEPTEMBER 3, 2019. **High School Confirmation Sessions will begin September 2019.** *Refer to Confirmation Student Registration packet for dates and times.

**Faith Formation Student Registration
PRE-SCHOOL (Ages 3-5, NOT IN KINDERGARTEN)
2019 - 2020 SCHOOL YEAR**



*Director of Catechetical Ministries - Cathy Trawinski ext. 210
Minister of the Catechesis of the Good Shepherd - Indira Thomas ext. 206
Administrative Assistant for Catechetical Ministries - Araceli Perez ext. 217
E-mail araceli.perez@sjnc.org.*

- Complete, sign and ATTACH REQUIRED FORMS, CERTIFICATES AND LETTERS.
- Tuition fee for the 2019-2020 school year is **\$150.00.**
- Early registration through Friday, **May 31, 2019** will receive a \$50.00 discount.
- Last day to register is Thursday, August 15, 2019 (pending availability).
- **Payment in full or a minimum \$50.00 non-refundable deposit made payable to SJN is required to reserve your space.**

**Your payment in full of tuition is appreciated as we have bills to pay as you do as a family.*

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

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 #:
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EMAIL: This is our main communication mode for all Faith Formation information.
Primary **E-MAIL** account for family:

Student must be registered by **LEGAL NAME.**

Student First Name:	Middle Name:	Last Name:
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ATTACH A COPY OF STUDENT'S BIRTH CERTIFICATE.
(If ANY information is different than stated on the **BIRTH CERTIFICATE LEGAL DOCUMENTATION** must be presented).

Student Date of Birth: / /	Gender: MALE / FEMALE
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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 1 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:

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? _____

Office use only:	AMEX / DISC / MC / VISA CASH	Catechist / Assistant / Aide	Payment Amount	Tuition Fee
Date: _____	Receipt #: _____	Check # / M.O. #: _____	\$ _____	\$ _____
(EPA) Notes etc. : _____				

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 13, 2019, 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.

Student Special Needs

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

ADD ____ Hearing Impaired ____ Learning Disabilities ____ Downs Syndrome ____ Allergies (Environmental) ____
 ADHD ____ Vision Impaired ____ Speech Delayed ____ Autism ____ Allergies (Medical / Diet) ____

Explain:

Student Medication

If your child is on ANY medication please specify:

Baptism

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

IF NO, for information on baptizing children ages 6 years and younger, contact the Parish Office during normal business hours or email leonarda.serna@sjnc.org.

Parish where your family attends / will attend Mass:

Student Faith Formation Schedule

Students will attend a 90 minute Faith Formation session ONCE a week.

Indicate one **First** choice and one **Second** choice schedule preference by writing **#1 AND #2** (no check marks etc.)

<i>Class Day and Time</i>	#
Monday 4:00 p.m. - 5:30 p.m.	
Tuesday 4:00 p.m. - 5:30 p.m.	
Wednesday 4:00 p.m. - 5:30 p.m.	
Thursday 4:00 p.m. - 5:30 p.m.	

<i>Class Day and Time</i>	#
Monday 6:00 p.m. - 7:30 p.m.	
Tuesday 6:00 p.m. - 7:30 p.m.	
Wednesday 6:00 p.m. - 7:30 p.m.	
Thursday 6:00 p.m. - 7:30 p.m.	

Read the following and sign:

- ◆ 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.
- ◆ 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 online training video and background check are required as part of our commitment to provide a safe environment for all.

PARENT / GUARDIAN SIGNATURE

_____/_____/_____
DATE

Office use only:



2019 - 2020 Faith Formation Tuition Electronic Payment Authorization Form
One Form Per FAMILY

PARENT / GUARDIAN NAME: _____

Student Name: _____ Tuition \$ _____

Student Name: _____ Tuition \$ _____

Student Name: _____ Tuition \$ _____

***USE REVERSE OF THIS FORM FOR ADDITIONAL NOTES OR ENTRIES

With thanks for all God has given me and in partnership with the faith community of St. John Neumann Roman Catholic Church, I pledge to support the faith formation of my student(s) in the 2019 - 2020 year in the capacity that God has given me.

I authorize St. John Neumann Roman Catholic Church, with my signature below, to charge my credit / debit card for the amounts specified totaling \$ _____ (to be paid no later than September 13, 2019).

charge/debit amount \$ _____ charge/debit date ____ / ____ / ____

charge/debit amount \$ _____ charge/debit date ____ / ____ / ____

charge/debit amount \$ _____ charge/debit date ____ / ____ / ____

Office use only
Receipt # _____ Notes: _____
Receipt # _____ Notes: _____
Receipt # _____ Notes: _____

***USE REVERSE OF THIS FORM FOR ADDITIONAL NOTES OR ENTRIES

This authorization is valid until I provide St. John Neumann Roman Catholic Church with written cancellation. If at any time the charges are declined, the card is frozen or cancelled, or information needs to be updated, I understand that it is my responsibility to communicate with St. John Neumann Roman Catholic Church, resolve these issues, and /or arrange to pay my student(s) tuition balance by other means (no later than September 13, 2019).

Signature _____ Today's date ____ / ____ / ____ (_____) _____ - _____ Daytime Phone Number

Faith Formation Electronic Payment Information

(circle) DEBIT VISA DEBIT MasterCard VISA MasterCard American Express Discover
CARD NUMBER # _____ Expiration Date (month/year) ____ / ____
Name on card (exactly as printed): _____
Billing Address for card (street, Apt. #): _____
City: _____ State: _____ Zip code: _____



ST. JOHN NEUMANN
ROMAN CATHOLIC CHURCH

2019 - 2020 Faith Formation Tuition Electronic Payment Authorization Form **CONTINUED**

ADDITIONAL STUDENT NAMES

Student Name: _____ Tuition \$ _____
 Student Name: _____ Tuition \$ _____
 Student Name: _____ Tuition \$ _____

ADDITIONAL INSTALLMENT PAYMENTS TO BE PAID NO LATER THAN SEPTEMBER 13, 2019:

charge/debit amount \$ _____	charge/debit date ____ / ____ / ____	Office use only
charge/debit amount \$ _____	charge/debit date ____ / ____ / ____	Receipt # _____ Notes: _____
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charge/debit amount \$ _____	charge/debit date ____ / ____ / ____	Receipt # _____ Notes: _____
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Office use only: