



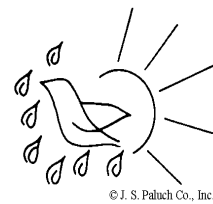
St. John Neumann
Roman Catholic
Church

702-657-0200
702-648-2327 fax

Confirmation Candidate Registration

9TH - 12TH GRADES

2024- 2025 SCHOOL YEAR



Director of Youth Ministry - Jessica Parrish 702.722.2584

Assistant to Youth Ministry - Tina Neyman 702.722.2642

Faith Formation Office Hours
for Student Registration:

Monday - Thursday,
9:00 a.m. - 12:00 p.m.
& 1:30 p.m. - 2:30 p.m.

Closed Saturday - Sunday

- ◆ Student registration is by appointment only.
- ◆ Tuition fees for the 2024-2025 school year are **\$240.00 for the first year** of Confirmation preparation and **\$340.00 for the second year.** (*Retreat fees are included with the price of Tuition.)
- ◆ **PAYMENT IN FULL IS DUE AT REGISTRATION.**
- ◆ All Year 2 Confirmation Candidates must complete all Year 1 requirements to register for Year 2.
- ◆ Registrations will be accepted through Thursday, May 30, 2024 *pending availability*.

Parent / Guardian First Name: Last Name: Relationship to Candidate:

Cell Phone #:

Parent / Guardian First Name: Last Name: Relationship to Candidate:

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: ➡

Candidate must be registered by their **LEGAL NAME. ATTACH A COPY OF THIS CANDIDATE'S BIRTH CERTIFICATE.**

If ANY information is different than stated on the BIRTH CERTIFICATE LEGAL DOCUMENTATION must be presented.

Candidate First Name: Middle Name: Last Name:

Candidate

Date of Birth: / / Gender: Male / Female

Is this candidate Baptized? Yes / No

IF YES, ATTACH A COPY OF THE BAPTISM CERTIFICATE.

IF NO, for baptism of students 7 years and older, there will be additional meetings and activities specifically geared toward this (and accompanying Sacraments of Initiation). These are separate from Confirmation Preparation sessions and you will be notified as to date and time.

Has this candidate received First Eucharist? (First Communion) : Yes / No

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

IF NO, there will be additional meetings and activities specifically geared toward First Reconciliation and First Eucharist. These are separate from Confirmation Preparation sessions and you will be notified as to date and time.

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

Office use only : Catechist / Assistant / Aide

PAID \$ _____ Date : _____ Check # _____ Cash _____ MC / VISA / AMEX / DISC

Receipt # : _____ Payment Received by : _____

Candidate's School Grade in the 2024-2025 School Year (please circle):	9	10	11	12		
Name of Candidate's High School in the 2024-2025 School Year :						
Candidate's Adult T-Shirt Size (please circle) :	S	M	L	XL	XXL	XXXL

Special Needs: In order for us to prepare to serve your candidate this year 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:

Medication: If your candidate is on ANY medication please specify:

High School Confirmation Students will attend session TWICE A MONTH on Sundays from 2:30 p.m. - 4:30 p.m. beginning August 18, 2024.



SAVE THE DATE

The annual High School Confirmation Welcome Back Barbeque is a **MANDATORY CLASS Day for all High School Confirmation students.** This year's BBQ will be held in late September, in hopes of cooler weather.
Sunday, September 29, 2024 from 2:30 p.m. - 5:00 p.m.
at Floyd Lamb Park / Tule Springs.

Parents are the primary teachers of the Catholic Faith. Attendance at Sunday Mass and Holy Days of Obligation is one of the Precepts of the Catholic Church and is an important way to teach the faith to the children.

I promise to share the Catholic Faith I have received with my child(ren) by:

- ◆ attending Mass, with my candidate, on Sundays, even on non-class days and celebrating Holy Days of Obligation
- ◆ ensuring my candidate's attendance at high school Confirmation preparation sessions, **only 3 absences permitted**
- ◆ checking my emails and/or Band App for information and class schedules
- ◆ informing the Confirmation department in advance when my candidate cannot attend sessions
- ◆ enriching the faith of my family by praying together
- ◆ attending Parent Meetings and retreats

X

PARENT SIGNATURE

Date

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 the first through twelfth grades at St. John Neumann Roman Catholic Church. As a parent, you have the right to choose whether your student participates.

If you have questions about the program or the lesson, please contact Cathy Trawinski at (702) 657-0200 ext. 210 or Jessica Parrish at (702) 657-0200 ext. 214.

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 speak with Cathy Trawinski about any questions or concerns regarding the program. I understand that I also have the option of attending the presentation with my student.

PARENT SIGNATURE: _____ Date: ____ / ____ / ____

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. I accept the responsibility of receiving information on this very important topic from Cathy Trawinski and sharing it with my child(ren), after which I will follow up with the Faith Formation office.

PARENT SIGNATURE: _____ Date: ____ / ____ / ____



Archdiocese of Las Vegas
RELEASE & AUTHORIZATION
FOR PHOTO/VIDEO RELEASE
(MINORS)

I (we), X, on our own behalf
and as the parent(s)/legal guardians of my (our) minor child(ren),

X (full name) X (age)
____ (full name) ____ (age)
____ (full name) ____ (age)
____ (full name) ____ (age)

do hereby consent and authorize the release, publication, dissemination, distribution, use and/or
reproduction of any and all photographs/videos taken of my (our) child(ren) while participating in the

faith formation sessions and events

by an employee, agent, representative or independent contractor of The Roman Catholic
Archbishop of Las Vegas, and His Successors, A Corporation Sole and St. John Neumann,
(Parish/School/Institution) (collectively the "Archdiocese"). This release may include, but is not
limited to playback on/through any media and social media outlets/platforms such as through
YouTube, Instagram, Twitter, TikTok, Snapchat, Websites, Television, Cable stations and Satellite
stations. This release and authorization form acknowledges that all photographs, negatives,
positives, prints, video recordings and any reproductions (hereinafter "photos") shall constitute the
property of the Archdiocese for any purpose determined by the Archdiocese in its discretion, in its
sole and absolute discretion, in any manner and all media now or hereafter known without restriction
as to alteration, without further notice or without any compensation or remuneration to me (us) or my
child(ren).

I (we) waive any right to inspect or pre-approve the use of the photos and acknowledge and agree
that the rights granted in this Release are irrevocable.

THIS RELEASE MUST BE SIGNED BY BOTH PARENTS/GUARDIANS. If only one parent/
guardian signs this document, that parent/guardian represents and warrants to the Archdiocese that
he/she is the sole custodial parent/guardian of the minor participant with the entire authority to sign
and execute this release and authorization form.

X
Parent/Guardian Signature

X
date

X
Parent/Guardian Signature

X
date