

Faith Formation Student Registration

KINDERGARTEN - 8TH GRADE

2024 - 2025 SCHOOL YEAR

Director of Catechetical Ministries - Cathy Trawinski 702.657.0200 ext. 210

Coordinator for the Catechesis of the Good Shepherd Program -

Abigail Arellano 702.722.2617 direct line

Assistant to Catechetical Ministries - Araceli Perez 702.722.2507 direct line



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 PAYMENT IS DUE IN FULL AT THE TIME OF REGISTRATION.**
- Tuition for a student in their first or second year of preparation for sacraments is \$180.00.
- Tuition fees for families with multiple students in their first or second year of preparation for sacraments are \$180.00 for the first student, \$150.00 for the second student and \$125.00 for the third student.
- Tuition for ANY student in Continuing Faith Formation (Post 1st Communion) is \$75.00.
- Registrations will be accepted through Thursday, May 30, 2024 *pending availability*.

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 **E-MAIL** account for family: ⇨

Students **MUST** be registered by their **LEGAL NAME. ATTACH A COPY OF THIS STUDENT'S BIRTH CERTIFICATE.**

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

Student First Name: Middle Name: Last Name:

Student Date of Birth: / / Gender: MALE / FEMALE **School Grade AUGUST 2024:**

K	1	2	3	4	5	6	7	8
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Is this student Baptized? **Yes / No IF YES, ATTACH A COPY OF THE BAPTISMAL CERTIFICATE.**

IF NO, for baptism of children 7 years and older, there will be additional meetings and activities specifically geared toward Sacraments of Initiation. These meetings are separate from Faith Formation sessions and you will be notified as to date and time.

For information on baptizing children 6 years and younger, contact Leonarda Serna at 702.722.2447 or leonarda.serna@sjnc.org.

Has this student received First Eucharist (First Communion)? **Yes / No IF YES, ATTACH A COPY OF THE CERTIFICATE.**

IF NO, there will be additional 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.

Has this student attended Faith Formation sessions or Sacrament Preparation sessions at another parish? **Yes / No IF YES, ATTACH A LETTER OF TRANSFER FROM THAT PARISH.**

Office use only for notations:

Office use only for payment:

Catechist / Assistant / Aide

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

Receipt # : _____ Payment Received by : _____

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:

Students in KINDERGARTEN - 8TH GRADE will attend a 75 minute Faith Formation session ONCE a week.

If this student is entering the 4TH - 8TH GRADES August 2024 and it **will also** be this student’s **SECOND** year of Sacrament preparation (Baptism and/or First Eucharist) **THEY MUST ATTEND A WEDNESDAY SESSION ONLY.**

If this student is entering the 4TH - 8TH GRADES August 2024 and it will be their **FIRST** year of Sacrament Preparation (Baptism and/or First Eucharist) OR they are NOT preparing for Sacraments but are continuing in their ongoing faith formation **THEY MAY ATTEND A MONDAY, TUESDAY OR THURSDAY SESSION ONLY.**

If this student is entering the 1ST - 3RD GRADES August 2024 and it will be either their **FIRST OR SECOND** year of Sacrament Preparation (Baptism and/or First Eucharist) OR they are NOT preparing for Sacraments but are continuing in their ongoing faith formation **THEY MAY ATTEND A MONDAY, TUESDAY, WEDNESDAY OR THURSDAY SESSION.**

Indicate the **First, Second and Third** choices of this child’s faith formation schedule by writing **1, 2, or 3** next to it.
(Do not use check marks etc.)

<i>Class Day and Time</i>	<i>1, 2, 3</i>
Monday 4:00 p.m. - 5:15 p.m.	
Tuesday 4:00 p.m. - 5:15 p.m.	
Wednesday 4:00 p.m. - 5:15 p.m.	
Thursday 4:00 p.m. - 5:15 p.m.	

<i>Class Day and Time</i>	<i>1, 2, 3</i>
Monday 6:00 p.m. - 7:15 p.m.	
Tuesday 6:00 p.m. - 7:15 p.m.	
Wednesday 6:00 p.m. - 7:15 p.m.	
Thursday 6:00 p.m. - 7:15 p.m.	

PARENT PROMISE

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 children.

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

- attending Mass, with my child, on Sundays and celebrating Holy Days of Obligation
- enriching the faith of my family by praying together
- ensuring my child’s attendance at Faith Formation sessions
- informing the Faith Formation office in advance when my child cannot attend a session
- checking my emails and reading notices sent home with my child for information and class schedules
- attending Parent meetings and responding to communications from the Faith Formation office in a timely manner

X

PARENT / GUARDIAN SIGNATURE

_____/_____/_____
DATE

Office use only for notations:

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 ChildrenTM 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

