

# ST. JOHN NEUMANN CONFIRMATION REGISTRATION 2017

PLEASE COMPLETE FRONT AND BACK AND RETURN ASAP

MAY 3, 10, 17, 24 & 31

*\$60 Donation for the Confirmation Sessions and ENCOUNTER Youth Group (2017-18)*

## CANDIDATE INFORMATION:

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ CELL PHONE# \_\_\_\_\_  
*FIRST / MIDDLE / LAST*

ADDRESS \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

NAME OF FATHER \_\_\_\_\_ EMAIL \_\_\_\_\_ CELL PHONE# \_\_\_\_\_  
*FIRST/MIDDLE/LAST*

NAME OF MOTHER \_\_\_\_\_ EMAIL \_\_\_\_\_ CELL PHONE# \_\_\_\_\_  
*FIRST/MIDDLE/MAIDEN*

DID YOU PARTICIPATE IN RELIGIOUS EDUCATION AT ST. JOHN NEUMANN LAST YEAR (2016-2017)? YES \_\_\_ NO \_\_\_

HOW MANY YEARS OF RELIGIOUS EDUCATION? \_\_\_\_\_ WHAT MASS DO YOU ATTEND? (CIRCLE ONE) 5:30, 8:00, 9:30 OR 11:30

DATE OF BAPTISM \_\_\_\_\_ CHURCH OF BAPTISM \_\_\_\_\_ DATE OF 1<sup>ST</sup> COMMUNION \_\_\_\_\_

*(IF NOT BAPTIZED AT ST. JOHN NEUMANN, YOU MUST SUMIT A COPY OF YOUR BAPTISMAL CERTIFICATE)*

CONFIRMATION NAME (Baptismal name is an optional choice) \_\_\_\_\_

Reason for choosing this name? \_\_\_\_\_

SPONSOR INFORMATION – Sponsor must be a practicing/registered in a Catholic parish, sixteen years of age or older and have received the sacraments of Baptism, Confirmation and Eucharist. (PARENTS CANNOT BE SPONSORS.)

Name of Sponsor \_\_\_\_\_  
*First / Middle/ Last / Maiden*

Address of Sponsor \_\_\_\_\_

Sponsor's Parish \_\_\_\_\_

***If sponsor is not a member of St. John Neumann Church, he/she will have to obtain a letter from the pastor of his/her Catholic parish and return to:***

***Barbara Stokes, Director for Religious Education/Family and Sacramental Ministries***

**PLEASE TURN OVER** 

PLEASE INDICATE EMERGENCY CONTACTS IN CASE WE CANNOT REACH PARENTS:

EMERGENCY CONTACT #1

\_\_\_\_\_ TELEPHONE \_\_\_\_\_  
*FIRST NAME / LAST NAME* *RELATIONSHIP* \_\_\_HOME \_\_\_WORK \_\_\_CELL

EMERGENCY CONTACT #2

\_\_\_\_\_ TELEPHONE \_\_\_\_\_  
*FIRST NAME / LAST NAME* *RELATIONSHIP* \_\_\_HOME \_\_\_WORK \_\_\_CELL

**ALLERGY/SPECIAL NEEDS FORM (2017-2018)**

Our parish is committed to providing faith enrichment for all children. Our staff and catechists want to work in a partnership with parents. Since we rely on volunteers to be catechists and aides, we ask that you provide us with information regarding your child’s special needs so that we can better understand what will work best as we journey in faith with your child. The information you offer will help us to serve your child better.

1. Please check the particular condition(s) affecting your child:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> ADD             | <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Intellectual Disability |
| <input type="checkbox"/> ADD/ADHD        | <input type="checkbox"/> Deafness       | <input type="checkbox"/> Learning Disability     |
| <input type="checkbox"/> Autism Spectrum | <input type="checkbox"/> Down Syndrome  | <input type="checkbox"/> OCD                     |
| <input type="checkbox"/> Brain Injury    | <input type="checkbox"/> Epilepsy       | <input type="checkbox"/> Spina Bifida            |
| <input type="checkbox"/> Blindness       | <input type="checkbox"/> Hearing Loss   | <input type="checkbox"/> Vision Loss             |

Allergy (please specify) \_\_\_\_\_ Epi-Pen Used? YES \_\_\_ NO \_\_\_

Other \_\_\_\_\_

Please share any other information you would like us to know about your child.

I agree that this information may be shared with catechetical staff and my child’s catechist on a need-to-know basis.

\_\_\_\_\_ Parent/Guardian

\_\_\_\_\_ Date

*St. John Neumann Church  
 2230 Rochester Road  
 Pittsburgh, PA 15237  
 (412) 366-5885  
 www.stjohnneumannpgh.org*