OFFICE OF CATECHESIS
ST. JOHN NEUMANN PARISH
P.O. BOX 455
CALIFON, NEW JERSEY 07830
2006 - 2007

Student's Name_____

Place of Birth (City and State)_____

Date of Birth (Month/Day/Year)_____

Address_____

Telephone Number_____

School Attending_____Grade_____

Father's Name _____Religion_____

Mother's Name _____Religion_____
First Last Maiden

Sacraments Received Date Church Location

Baptism **

First Eucharist

First Penance

How many years of Catechesis prior to this year?_____
Where?_____

Are you registered in this Parish?_____

Does your child/children attend Catholic School? _____ If yes, where?

_____

**** Baptismal Certificates are necessary from those who were NOT baptized at St. John Neumann Parish. Please enclose with your registration material.**

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This form is being sent to you for one of two reasons: Your child is new to our Parish Catechesis Gatherings OR it should be on file but is not. Please complete this form and return with registration. Registration will be incomplete without this form.