St. Joan of Arc

Religious Education Registration

Envelope Number:

Please check the Session of your choice:

____SESS 1 - GRADE 1-6 4:15 - 5:30PM

____SESS 2 - GRADE 1-8 6:15 - 7:30PM

Family Name | *Home Phone* | *Family Cell Phone:*

To whom and with what title should mail be addressed?

Address

Number *Street* *City/State/Zip*

In case of Emergency Contact:

Emergency Phone: | *Emergency Relationship:*

Father's Name | *Religion:* | *Occupation:* | *Wk. Phone:*

Mother's Name | *Religion:* | *Occupation:* | *Wk. Phone:*

Mother's Maiden Name

Child's Name (last if different)	*Gender*	*Birth Date*	*Grade*	*School*	*Baptism Place/Date*	*First Eucharist Place/Date*	*Confirmation Place/Date*

Please specify if child(ren) have any special needs such as medical/learning etc.

Where did child(ren) participate in Religious Education last year if not at our Parish?

Please check All that apply

- ☐ *2 parents at home*
- ☐ *Mother Deceased*
- ☐ *Father Deceased*
- ☐ *Divorced/Separated*
- ☐ *Mom has remarried*
- ☐ *Child(ren) with Mom*
- ☐ *Dad has remarried*
- ☐ *Child(ren) with Dad*
- ☐ *Child(ren) with Adult other than parent*

Name and Religion of Step-Parent

_____

_____

Name and address if mail should also go to non-custodial Parent

FOR OFFICE USE ONLY:

Amt. due:_____ Amt. Paid:_____ Balance due:_____

Check #:_____ M.O. #:_____ Cash:_____

Parent's Signature _____

Date _____