

# St. Joan of Arc Catholic Church

## 2018-2019 CHRISTIAN FORMATION REGISTRATION FORM GRADES K - 12<sup>TH</sup>

You must be registered at St. Joan of Arc for your child to participate in the Religious Education program. **The registration fee will be \$40.00 per child (maximum \$120.00 per family in K-12<sup>th</sup>).** If there is a financial need, register your child and the stewardship of the parish will provide the assistance needed. One child per form; please use pen and print legibly.

Student's Name (Last, First): \_\_\_\_\_ Entering Grade: \_\_\_\_\_

Address: \_\_\_\_\_

Phones: \_\_\_\_\_ (H) \_\_\_\_\_ Cell: Mom/ Guardian

\_\_\_\_\_ (W) \_\_\_\_\_ Cell: Dad/ Guardian

Our primary communication with you is via e-mail. Please indicate if you do not have e-mail.

E-mail Address: \_\_\_\_\_

Child's Date of Birth (Mo/Day/Yr): \_\_\_\_/\_\_\_\_/\_\_\_\_

Has this student been baptized in the Roman Catholic Church? Yes \_\_\_ No \_\_\_

Has this student been baptized in another Christian Denomination? Yes \_\_\_ No \_\_\_ Please list \_\_\_\_\_

Has this student received the Sacrament of Reconciliation? Yes \_\_\_ No \_\_\_

Has this student received First Holy Communion? Yes \_\_\_ No \_\_\_

Has this student received the Sacrament of Confirmation? Yes \_\_\_ No \_\_\_

**There is a separate registration form for those preparing for the Sacrament of Reconciliation, Eucharist or Confirmation to fill out in addition to this form**

Did this student attend faith formation classes at St. Joan of Arc Last year? Yes \_\_\_ No \_\_\_

If not, Where? \_\_\_\_\_ Does this student attend Catholic School? Yes \_\_\_ No \_\_\_

Mother's Name: \_\_\_\_\_ Religion: \_\_\_\_\_ Deceased \_\_\_ Divorced \_\_\_

Father's Name: \_\_\_\_\_ Religion: \_\_\_\_\_ Deceased \_\_\_ Divorced \_\_\_

**When I had my child baptized, I accepted the responsibility as primary catechetical educator and example in matters of the faith. I know that the Church is here to support me in educating my child in our Catholic faith.**

\_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_ Date

### I WILL VOLUNTEER IN ONE OR MORE OF THE FOLLOWING WAYS:

\_\_\_ CATECHIST \_\_\_ Grade \_\_\_ ASSISTANT CATECHIST \_\_\_ Grade \_\_\_ SACRAMENTAL PREPARATION

\_\_\_ SUBSTITUTE CATECHIST/SUBSTITUTE ASSISTANT \_\_\_ SUBSTITUTE WHERE NEEDED \_\_\_ PARENT VOLUNTEER

**\*\*\*PLEASE COMPLETE THE MEDICAL RELEASE FORM ON THE REVERSE SIDE\*\*\***

Date Paid \_\_\_\_\_ Check# \_\_\_\_\_ Cash \_\_\_\_\_ Stewardship Aid \_\_\_\_\_