

ST. JOAN OF ARC CHURCH RELIGIOUS EDUCATION REGISTRATION 2011-2012

ARE YOU REGISTERED MEMBERS AT SAINT JOAN OF ARC? YES _____ NO _____

NAME OF PARENTS OR GUARDIAN _____
 ADDRESS _____ CITY _____ ZIP _____
 HOME PHONE _____ RELIGION (Father) _____ (Mother) _____
 CELL PHONE _____ PARENTS E-MAIL _____

NAME/ADDRESS/PHONE OF GUARDIAN RESPONSIBLE FOR REL. ED. IF NOT THE PARENTS:

K-8th grade classes, will be held Sunday mornings from 10:30 am-11:45 am.
9-12th grade, will be held Sunday evenings from 7:15 pm-8:45 pm.
 (H.S. Yak’N Snack & Announcements after the 5:30 p.m. Mass until 7:10 p.m.)

ATTENDANCE AT RELIGIOUS EDUCATION CLASSES DOES NOT TAKE THE PLACE OF THE MASS OBLIGATION FOR OUR CHILDREN AGE 7 AND OLDER!

				SACRAMENTS RECEIVED	
				IF YES, PLEASE FILL IN YEAR	
1. Child's Full Name _____				BAPTISM	Y _____ N _____
BIRTHDATE _____	AGE _____	GRADE _____		RECONCILIATION	Y _____ N _____
SCHOOL ATTENDING _____		ENROLLED IN SRE LAST YEAR?	Y _____ N _____	COMMUNION	Y _____ N _____
				CONFIRMATION	Y _____ N _____
2. Child's Full Name _____				BAPTISM	Y _____ N _____
BIRTHDATE _____	AGE _____	GRADE _____		RECONCILIATION	Y _____ N _____
SCHOOL ATTENDING _____		ENROLLED IN SRE LAST YEAR?	Y _____ N _____	COMMUNION	Y _____ N _____
				CONFIRMATION	Y _____ N _____
3. Child's Full Name _____				BAPTISM	Y _____ N _____
BIRTHDATE _____	AGE _____	GRADE _____		RECONCILIATION	Y _____ N _____
SCHOOL ATTENDING _____		ENROLLED IN SRE LAST YEAR?	Y _____ N _____	COMMUNION	Y _____ N _____
				CONFIRMATION	Y _____ N _____
4. Child's Full Name _____				BAPTISM	Y _____ N _____
BIRTHDATE _____	AGE _____	GRADE _____		RECONCILIATION	Y _____ N _____
SCHOOL ATTENDING _____		ENROLLED IN SRE LAST YEAR?	Y _____ N _____	COMMUNION	Y _____ N _____
				CONFIRMATION	Y _____ N _____

In the event of an emergency, if you are unable to reach me at the above numbers, please contact:
Name: _____ **Relationship:** _____ **Telephone:** _____

FEES

\$40 per student/\$120 per family (Grades K-10) \$ _____
Fee if returned by Aug. 28, 2011

\$50 per student/\$140 per family (Grades K-10) \$ _____
Fee if returned after Aug. 29, 2011

\$25 per HS student in grades 11-12 \$ _____

1st Eucharist Fee \$30 per student \$ _____

Confirmation II Fee \$40 per student \$ _____

Amount Due \$ _____

Office Use Only

Date Received _____

Amount Paid _____

Amount Due _____

Cash/Check # _____

Baptismal Certificate Received _____

ALL INFORMATION IS CONFIDENTIAL

PHOTO RELEASE: I grant permission to St. Joan of Arc Church, Religious Education and Youth Ministry and the Diocese of Lafayette-in-Indiana to utilize my child's image, likeness, name, actions and statements in any live or recorded audio, video, photographic display, print or online media for the purpose of recognizing his/her involvement in church or diocesan activities and/or to aid in promoting St. Joan of Arc Religious Education and/or Youth Ministry events and activities.

Parent/Guardian Signature _____ **Date:** _____

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibilities for the health of my child.

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to the Parish of St. Joan of Arc, it's officers, directors and agents, and the Diocese of Lafayette- in-Indiana, agents, representatives, volunteers and employees of either the diocese or any parish thereof, and chaperones or representatives associated with this event to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

Parent/Guardian Signature _____ **Date:** _____

Child #1 _____

Specific Medical Information: Allergic reactions (medications, foods, plants, insects, etc.) _____

Date of last tetanus immunization: _____ Any special needs? _____

Medications child currently takes: _____ Does child have a medically prescribed diet? _____

Has child recently been exposed to contagious disease or condition, such as mumps, measles, chicken pox, etc.? _____

If so, date and disease or condition: _____

You should also be aware of these special medical conditions of my child: _____

Child #2 _____

Specific Medical Information: Allergic reactions (medications, foods, plants, insects, etc.) _____

Date of last tetanus immunization: _____ Any special needs? _____

Medications child currently takes: _____ Does child have a medically prescribed diet? _____

Has child recently been exposed to contagious disease or condition, such as mumps, measles, chicken pox, etc.? _____

If so, date and disease or condition: _____

You should also be aware of these special medical conditions of my child: _____

Child #3 _____

Specific Medical Information: Allergic reactions (medications, foods, plants, insects, etc.) _____

Date of last tetanus immunization: _____ Any special needs? _____

Medications child currently takes: _____ Does child have a medically prescribed diet? _____

Has child recently been exposed to contagious disease or condition, such as mumps, measles, chicken pox, etc.? _____

If so, date and disease or condition: _____

You should also be aware of these special medical conditions of my child: _____

Child #4 _____

Specific Medical Information: Allergic reactions (medications, foods, plants, insects, etc.) _____

Date of last tetanus immunization: _____ Any special needs? _____

Medications child currently takes: _____ Does child have a medically prescribed diet? _____

Has child recently been exposed to contagious disease or condition, such as mumps, measles, chicken pox, etc.? _____

If so, date and disease or condition: _____

You should also be aware of these special medical conditions of my child: _____