

RELIGIOUS EDUCATION PROGRAM

ST. JOAN OF ARC PARISH

501 S.W. 3rd Avenue
 Boca Raton, FL 33432
 (561) 391-4345 * Fax (561) 962-6002
 2010/2011

NON-PARTICIPATORY

PLEASE PRINT CLEARLY (non-use of SJA envelopes on a regular basis)

Tuition at \$225.00 (Child #1) (REGISTER BEFORE JUNE 1, 2010 – DEDUCT \$20.00 per family)
Registration: \$175.00 each (Child #2 or more children)
 \$ 50.00 extra (Sacramental Fee - for 2nd, 8th & Special Sacrament-2 Class)

A copy of child's Baptismal Certificate **MUST** accompany registration form, if not on file.

MAKE CHECK PAYABLE TO: ST. JOAN OF ARC RELIGIOUS EDUCATION
 WE ACCEPT VISA / MASTERCARD

ALL FEES ARE **NON-REFUNDABLE** AFTER NOVEMBER 1, 2010
 IF YOU WITHDRAW YOUR CHILD BEFORE NOVEMBER 1, 2010, A **\$50.00 PROCESSING FEE** WILL BE CHARGED.

FAMILY INFORMATION (Primary residence – for mailing purposes)

Family Last Name: _____ Home Phone: () _____
 Address: _____ City: _____ Zip: _____
 E-MAIL (Print Clearly) _____

MOTHER:

First Name: _____ Last: _____ Maiden: _____
 Marital Status: _____ Occupation: _____ Work Phone #: () _____
 Address (if different): _____ City: _____ Zip: _____
 Religion: _____ Cell Phone #: () _____

FATHER:

First Name _____ Last: _____
 Marital Status: _____ Occupation: _____ Work Phone #: () _____
 Address (if different): _____ City: _____ Zip: _____
 Religion: _____ Cell Phone #: () _____

CHILD INFORMATION

CHILD 1

CHILD 2

CHILD 3

NAME: First/ Last (if different from family name)			
GRADE (2010/2011)			
SCHOOL ATTENDING			
GENDER (Male/Female)			
DATE OF BIRTH			
CUSTODY / LIVES WITH: Father/Mother – Mother – Father – Mother/StepFather – Father/StepMother Other (specify)			
PREVIOUS REL. ED. GRADE			
PLEASE CHECK (✓) SACRAMENTS YOUR CHILD HAS <u>ALREADY RECEIVED</u>	<input type="checkbox"/> Baptism <input type="checkbox"/> 1 st Penance <input type="checkbox"/> 1 st Communion <input type="checkbox"/> Confirmation	<input type="checkbox"/> Baptism <input type="checkbox"/> 1 st Penance <input type="checkbox"/> 1 st Communion <input type="checkbox"/> Confirmation	<input type="checkbox"/> Baptism <input type="checkbox"/> 1 st Penance <input type="checkbox"/> 1 st Communion <input type="checkbox"/> Confirmation

CLASS PREFERENCE: (Please check one ✓)

SUNDAY:

PRESCHOOL, KINDER, GRADES 1-8 & Special Sacrament Classes
 meet 9:15 – 10:30 AM _____

WEDNESDAY:

GRADES 1-8 & Special Sacrament Classes
 meet 4:45 – 6:00 PM _____

(Office Use Only)

Fee Paid _____ Check # _____ Cash _____ Credit _____ Date Pd. _____ Bapt. Cert. Rec'd _____

MEDICAL RELEASE / EMERGENCY INFORMATION

Parent or Guardian Authorization:

In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel. (i.e. EMT/Paramedic, E.R. Physician)

In any event, I/we agree to hold St. Joan of Arc Parish harmless for any actions performed by their staff in assisting my/our child(ren), arising from a medical emergency.

Family Physician: _____ Phone:()_____

Hospital Preference: _____

Whom should we contact in case of emergency, if we cannot reach you?

Name: _____

Home Phone: ()_____ Cell Phone: ()_____

Please list any allergies/medical problems, behavioral issues, including those requiring maintenance medication.
(i.e. Diabetic, Asthma, ADD, ADHD, Autism, Dyslexia, Seizure Disorder, Allergies, etc.)

Name of Child	Medical Diagnosis / Behavioral Conditions	Medications Being Taken

Mr./Mrs./Ms. _____ Date _____

Authorized Parent / Guardian Signature

TIME AND TALENT COMMITMENT

Keeping with program expectations, our family is willing and able to volunteer in the following areas:

TEACH _____ ASSIST _____

DAY _____

HALL MONITOR: SUNDAY _____ WEDNESDAY _____

BABYSITTING ON WEDNESDAY _____

OFFICE HELP: SUNDAY _____ WEDNESDAY _____

ASSIST WITH SPECIAL PROJECTS _____