

# RELIGIOUS EDUCATION PROGRAM

## ST. JOAN OF ARC PARISH

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

### (REGISTERED PARISHIONER)

**PLEASE PRINT CLEARLY**

(using SJA envelopes regularly) **PARISH ENVELOPE #** \_\_\_\_\_

**Tuition at** \$145.00 (Child #1) (REGISTER BEFORE JUNE 1, 2010 – DEDUCT \$20.00 per family)  
**Registration:** \$120.00 each (Child #2 or more children)  
 \$ 50.00 extra (Sacramental Fee - for 2<sup>nd</sup>, 8<sup>th</sup> & 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 <b><u>ALREADY RECEIVED</u></b>	<input type="checkbox"/> Baptism <input type="checkbox"/> 1 <sup>st</sup> Penance <input type="checkbox"/> 1 <sup>st</sup> Communion <input type="checkbox"/> Confirmation	<input type="checkbox"/> Baptism <input type="checkbox"/> 1 <sup>st</sup> Penance <input type="checkbox"/> 1 <sup>st</sup> Communion <input type="checkbox"/> Confirmation	<input type="checkbox"/> Baptism <input type="checkbox"/> 1 <sup>st</sup> Penance <input type="checkbox"/> 1 <sup>st</sup> 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 \_\_\_\_\_