

# RELIGIOUS EDUCATION REGISTRATION 2016 / 2017



## ST. JOAN OF ARC CATHOLIC CHURCH

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

Room # \_\_\_\_\_ Sac Yr. \_\_\_\_\_

Catechist: \_\_\_\_\_

**PLEASE FILL EACH FORM FULLY**

Registered Parishioner Envelope # \_\_\_\_\_

Please check (✓):

A copy of Baptismal Certificate for each child accompanies Registration Form  or is on file

Class Preference:     Sundays (9:00 – 10:15 AM)                       Wednesdays (5:00 – 6:15 PM)

<b>First and Last Name</b>			
<b>Date of Birth</b>			<b>Gender (please circle)</b>
			<b>Male    Female</b>
<b>Place of Birth</b>			<b>Last Religious Ed. Grade</b>
<b>School Attending</b> (2016/2017 school year)			<b>Grade in School</b> (2016/2017 school year)
<b>Received Baptism?</b>	<b>No</b>	<b>Yes</b>	<b>If yes, list parish and city</b>
<b>Received First Reconciliation?</b>	<b>No</b>	<b>Yes</b>	<b>If yes, list parish and city</b>
<b>Received First Communion?</b>	<b>No</b>	<b>Yes</b>	<b>If yes, list parish and city</b>
<b>Received Confirmation?</b>	<b>No</b>	<b>Yes</b>	<b>If yes, list parish and city</b>

**FAMILY INFORMATION**    (Please provide e-mail. Most communication will be sent to emails provided.)

<b>Family Last Name</b>			<b>Home Phone</b>	
<b>Address</b>			<b>Legal custody:</b>	
<b>City, State, Zip Code</b>			(Please provide document)	
<b>Marital Status of Child's Parents</b>	Married by Civil Law <input type="checkbox"/> Married in Church <input type="checkbox"/> Denomination _____ Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/>			

**FATHER**

**MOTHER - Maiden Name** \_\_\_\_\_

<b>First and Last Name</b>		
<b>Marital Status</b>		
<b>Religion</b>		
<b>Occupation</b>		
<b>Address (if different)</b>		
<b>City, State, Zip Code</b>		
<b>Cell Phone</b>		
<b>Work Phone</b>		
<b>E-Mail</b>		

**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: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Phone: (     )\_\_\_\_\_ Cell Phone: (     )\_\_\_\_\_

**MEDICAL CONDITIONS / MEDICATIONS**

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

Allergies / Medical Diagnosis / Behavioral Conditions	Medications Being Taken

Does child have any learning disability? \_\_\_\_\_

**OTHER THAN PARENTS, THE FOLLOWING PERSONS ARE AUTHORIZED TO PICK UP CHILD**

The following persons are authorized to pick up and sign out my child from the Religious Ed classroom or office:

First and Last Name	Phone Number	Relationship to Child

**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: SUNDAY \_\_\_\_\_ WEDNESDAY \_\_\_\_\_  
HALL MONITOR: SUNDAY \_\_\_\_\_ WEDNESDAY \_\_\_\_\_ OFFICE (Day/Time): \_\_\_\_\_

Provide scholarship toward financial assistance for a family in need \_\_\_\_\_