

FAITH FORMATION REGISTRATION 2018 / 2019



ST. JOAN OF ARC CATHOLIC CHURCH

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

PLEASE FILL EACH FORM FULLY

Please check (✓): Registered Parishioner at St. Joan of Arc Envelope # _____
 Another Parish Parish Name _____

Class Preference: Family Catechesis Sundays (9:15 AM – 10:30 AM)
 Traditional Catechesis Wednesdays (5:00 PM – 6:15 PM)

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

Child's Name		Gender	Male	Female
Date of Birth		Place of Birth		
School Attending <small>(2018 -2019 school year)</small>		Grade in School <small>(2018 -2019 school year)</small>		
Received Baptism?	No Yes	Where?	First Reconciliation?	No Yes Where?
Confirmation?	No Yes	Where?	First Communion?	No Yes Where?

FAMILY INFORMATION

Family Last Name	Home Phone
Address	City, State, Zip Code
Marital Status of Child's Parents	Married by Civil Law <input type="checkbox"/> Married in Catholic Church <input type="checkbox"/> Married in non-Catholic Church <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single (never married) <input type="checkbox"/> Widowed <input type="checkbox"/>
Legal custody, if parents are separated or divorced, or if children not living with parents (please provide legal documentation)	

FATHER

MOTHER - Maiden Name _____

First and Last Name	
Religion	
Occupation	
Address <small>(if different from above)</small>	
Cell Phone Number	
E-Mail	
Preferred Contact	Call <input type="checkbox"/> Text <input type="checkbox"/> E-Mail <input type="checkbox"/> Mail <input type="checkbox"/>

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:

Name and Last Name of Person Authorized to Pick up child	Phone Number	Relationship to Child

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.

Physician	Physician's Phone	Hospital Preference

Emergency Contact (in case parents cannot be reached)	Emergency Contact Number	Emergency Contact Relationship to Child

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 / Behavioral Conditions	Medications	Learning Disability

2018-2019:	_____ / ____ / ____ Father/Guardian	_____ / ____ / ____ Mother/Guardian
2019-2020:	_____ / ____ / ____ Father/Guardian	_____ / ____ / ____ Mother/Guardian
2020-2021:	_____ / ____ / ____ Father/Guardian	_____ / ____ / ____ Mother/Guardian
2021-2022:	_____ / ____ / ____ Father/Guardian	_____ / ____ / ____ Mother/Guardian
2022-2023:	_____ / ____ / ____ Father/Guardian	_____ / ____ / ____ Mother/Guardian
2023-2024:	_____ / ____ / ____ Father/Guardian	_____ / ____ / ____ Mother/Guardian
2024-2025:	_____ / ____ / ____ Father/Guardian	_____ / ____ / ____ Mother/Guardian
2025-2026:	_____ / ____ / ____ Father/Guardian	_____ / ____ / ____ Mother/Guardian
2026-2027:	_____ / ____ / ____ Father/Guardian	_____ / ____ / ____ Mother/Guardian

(Office Use Only)

Year	Classroom	Catechist	2022-2023		
2018-2019			2023-2024		
2019-2020			2024-2025		
2020-2021			2025-2026		
2021-2022			2026-2027		