



DB _____ PS _____

Office Use Only

St. Joan of Arc Parish STUDENT REGISTRATION FORM

Please check which day child to attend
(Grades 1-5 in afternoons and Grades 6,7,8 in evenings)

Monday afternoon _____ Monday evening _____

Tuesday afternoon _____ Tuesday evening _____

Date _____ Parish Traditional Program Home Study Program

Registered at St. Joan of Arc Parish Yes No

Name: _____
Last First Middle

Address: _____
Street Town State Zip

Home Phone: (____) _____ Birth Date: _____ Grade _____

Sex of Child (Please Circle) Male Female School Attending _____

Parish/School attended last year for Religious Education:

Name: _____ Town: _____

<u>Sacramental Record</u>			
	Date	Church	Location
Baptism*	_____	_____	_____
First Reconciliation	_____	_____	_____
First Eucharist	_____	_____	_____
*Other: <input type="checkbox"/>			
<input type="checkbox"/> Baptized in another denomination			
<input type="checkbox"/> Profession of Faith			

**Please attach copy of Baptismal Certificate if not from this Parish.*

(Please circle one)

Mailing Address to: Mr. Mrs. Miss Ms. _____

Promotional Release:

I also consent to the use of any videotapes and/or photographs in which my child may appear by the Diocese of Trenton and/or the parish. I understand that these materials are being used for promotion of the parish Religious Education program and/or activities. No names will be used.

Parent/Legal Guardian Signature _____ Date _____

Health Information

Does your child have learning needs? (if yes, please provide IEP or 405)

Learning Disability – Classification: _____

Other – Please Explain: _____

If your child has any medical conditions please explain:

Are there any other special instructions? (*i.e. dismissal, transportation, carpools, etc.*)

Please list names of people who can pick your child up from Class.

Are there any custodial issues? If yes, please explain: YES NO

Family Information

Marital Status M D W S

Mother's Name: _____ Work Phone: (____) _____
Last Name / First Name

Maiden Name: _____ DECEASED

Religion: _____ Cell Phone (____) _____

Father's Name: _____ Work Phone: (____) _____
Last Name / First Name

Religion: _____ DECEASED

Cell Phone (____) _____

Legal Guardian, if different than above:

Name: _____ Home Phone: (____) _____
Last Name / First Name

Maiden Name: _____ Work Phone: (____) _____

Address: _____
Street Town State Zip

(Please print)

E-mail Address (es): _____

Registered by:

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



**St. Joan of Arc Parish
EMERGENCY CONTACT FORM**

Please print or type all information below. Thank you.

Parent/Guardian's Name: _____
Last First Middle

Address: _____
Street Town State Zip

Home Phone: (____) _____ Work Phone: (____) _____

Mother's Cell _____ Father's Cell _____

Students Names: _____,
_____, _____,
_____, _____.

Please indicate below the person/s to be contacted in the case of an emergency (when the parent/guardian/spouse cannot be reached):

A. Name: _____ Phone: (____) _____
Address: _____ Town: _____
Relationship: _____
Cell Phone (____) _____

B. Name: _____ Phone: (____) _____
Address: _____ Town: _____
Relationship: _____
Cell Phone (____) _____

Are there any health conditions of which we should be aware? If so, please explain:

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