

# St. Joan of Arc Catholic Church

## Religious Education Registration

359 West Areba Ave, Hershey, PA 17033

Term: **2019-2020**

### FAMILY INFORMATION

**Family Last Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Father's Name: \_\_\_\_\_ Father's Cell / Work: \_\_\_\_\_  
Mother's Name: \_\_\_\_\_ Mother's Cell / Work: \_\_\_\_\_  
Mother's Maiden: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ **Emergency Contact:** \_\_\_\_\_  
Home Address: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_ Are you a registered parishioner of this parish? Yes / No

### STUDENT #1 INFORMATION

**Child Name:** \_\_\_\_\_ **Catholic?** Yes / No  
Gender:  Male  Female **Sacrament Details** Check & Date All Below  
Birth Date: \_\_\_\_\_  Baptism: \_\_\_\_\_  
Grade: \_\_\_\_\_  Eucharist: \_\_\_\_\_  
Session (K-6): Sun - 9 am **or** Wed - 4:15 pm  Reconciliation Prep: \_\_\_\_\_  
Session (7-8): Sundays - 7:00 pm  Confirmation: \_\_\_\_\_

**Special Needs** (Medical, Learning Disabilities, Physical Disabilities, etc):  
\_\_\_\_\_

### STUDENT #2 INFORMATION

**Child Name:** \_\_\_\_\_ **Catholic?** Yes / No  
Gender:  Male  Female **Sacrament Details** Check & Date All Below  
Birth Date: \_\_\_\_\_  Baptism: \_\_\_\_\_  
Grade: \_\_\_\_\_  Eucharist: \_\_\_\_\_  
Session (K-6): Sun - 9 am **or** Wed - 4:15 pm  Reconciliation Prep: \_\_\_\_\_  
Session (7-8): Sundays - 7:00 pm  Confirmation: \_\_\_\_\_

**Special Needs** (Medical, Learning Disabilities, Physical Disabilities, etc):  
\_\_\_\_\_

NOTE: If any of your children were baptized outside of this parish, and you have not already supplied us with a copy of each child's baptismal record, you will need to supply a copy for our files.

**Tuition DUE:** \$ \_\_\_\_\_ **Tuition PAID:** \$ \_\_\_\_\_ **Signature:** \_\_\_\_\_

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359 West Areba Ave, Hershey, PA 17033

Term: 2018-2019

### Additional Students

#### STUDENT #3 INFORMATION

Child Name: \_\_\_\_\_

Catholic? Yes / No

Gender:  Male  Female

**Sacrament Details** Check & Date All Below

Birth Date: \_\_\_\_\_

Baptism: \_\_\_\_\_

Grade: \_\_\_\_\_

Eucharist: \_\_\_\_\_

Session (K-6): Sun - 9 am **or** Wed - 4:15 pm

Reconciliation Prep: \_\_\_\_\_

Session (7-8): Sundays - 7:00 pm

Confirmation: \_\_\_\_\_

Special Needs (Medical, Learning Disabilities, Physical Disabilities, etc):  
\_\_\_\_\_

#### STUDENT #4 INFORMATION

Child Name: \_\_\_\_\_

Catholic? Yes / No

Gender:  Male  Female

**Sacrament Details** Check & Date All Below

Birth Date: \_\_\_\_\_

Baptism: \_\_\_\_\_

Grade: \_\_\_\_\_

Eucharist: \_\_\_\_\_

Session (K-6): Sun - 9 am **or** Wed - 4:15 pm

Reconciliation Prep: \_\_\_\_\_

Session (7-8): Sundays - 7:00 pm

Confirmation: \_\_\_\_\_

Special Needs (Medical, Learning Disabilities, Physical Disabilities, etc):  
\_\_\_\_\_

#### STUDENT #5 INFORMATION

Child Name: \_\_\_\_\_

Catholic? Yes / No

Gender:  Male  Female

**Sacrament Details** Check & Date All Below

Birth Date: \_\_\_\_\_

Baptism: \_\_\_\_\_

Grade: \_\_\_\_\_

Eucharist: \_\_\_\_\_

Session (K-6): Sun - 9 am **or** Wed - 4:15 pm

Reconciliation Prep: \_\_\_\_\_

Session (7-8): Sundays - 7:00 pm

Confirmation: \_\_\_\_\_

Special Needs (Medical, Learning Disabilities, Physical Disabilities, etc):  
\_\_\_\_\_