

St. Joan of Arc Catholic Church

Religious Education Registration

359 West Areba Ave, Hershey, PA 17033

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 - 11 am **or** Wed - 4:15 pm Reconciliation Prep: _____
Session (7-8): Sundays - 6:30pm 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 - 11 am **or** Wed - 4:15 pm Reconciliation Prep: _____
Session (7-8): Sundays - 6:30pm 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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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 - 11 am **or** Wed - 4:15 pm

Reconciliation Prep: _____

Session (7-8): Sundays - 6:30 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 - 11am **or** Wed - 4:15 pm

Reconciliation Prep: _____

Session (7-8): Sundays - 6:30pm

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 - 11 am **or** Wed - 4:15 pm

Reconciliation Prep: _____

Session (7-8): Sundays - 6:30 pm

Confirmation: _____

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