

ST JOAN OF ARC 2020-2021 FAITH FORMATION REGISTRATION FORM

Children's Faith Formation Office (925) 830-4710

Youth Ministry Office (925)-830-4720

CHILD(REN)'S LAST NAME: _____

Street Address: _____ **City:** _____ **Zip Code:** _____

PARENT/GUARDIAN INFORMATION (Please print)

First	Last	Relationship	Phone	Phone type	E-mail
			1.	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	1.
			2.	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	2.
			1.	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	1.
			2.	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	2.

STUDENT INFORMATION

Please complete the following information for each child that you are enrolling in a faith formation program (3 ½ years old to senior in high school)

Child's Name Preferred First Name	Last	Gender M/F	Date of Birth mm/dd/yy	Date of Baptism mm/dd/yy	Sacraments Received (Y/N)			Grade 2020-2021
					Reconciliation	Eucharist	Confirmation	
1)								
Cell Phone:		E-mail address (high school students only):						
Additional information for above child?								
2)								
Cell Phone:		E-mail address (high school students only):						
Additional information for above child?								
3)								
Cell Phone:		E-mail address (high school students only):						
Additional information for above child?								
4)								
Cell Phone:		E-mail address (high school students only):						
Additional information for above child?								

Child(ren) resides primarily with Mother Father Both parents Guardian Other _____

Please note any special family concerns or custody issues: _____

Please write each child's name in the proper column for the program you are registering him/her for, and write the parent/guardian's name in the proper column for any program you wish to volunteer as a weekly leader for.

SJAKIDS: forming families of disciples (for children in grades K-5 AND their parent[s]) Children preparing for First Communion participate in SJAKIDS, but SJAKIDS is for ALL kids in K-5! PLEASE CIRCLE ONE SESSION		EDGE (for all middle school students, grades 6-8)	LIGHT (for all high school students, grades 9-12)	Confirmation (Grades 11-12) (Pre-requisites must be met)
SUNDAY 11:00-11:45 a.m.	WEDNESDAY 6:00-6:45 p.m.	WEDNESDAY 7:00 – 8:00 p.m.	MONDAY 7:00-8:00 p.m.	See Conf. calendar
Parents: if you are willing to be a small group leader at EDGE or LIGHT or Confirmation, write your name here →				

PROGRAM FEES:

Program registration fees: \$125 per child \$125 X = _____

Sacrament Fees: (for 1st Communion and Confirmation Candidates) - \$100 per child, per sacrament \$100 X _____ = + _____
Subtotal _____

Discount:
 Parent/guardian agrees to volunteer as a weekly facilitator / leader for the year \$75 X _____ = - _____
 at EDGE or LIGHT or Confirmation (no volunteer discount given for SJAKIDS as kids & parents participate together)

TOTAL REGISTRATIONS FEES DUE: Please make checks payable to St Joan of Arc or pay via credit card on the website (www.sjasr.org, click on Online Giving under the Quick Links list located on the bottom right of the page) or come to the office in person. \$ _____
TOTAL DUE

Financial aid and payment plans are available to families. Please contact Gina Camp at 925-830-4720 or email her at gcamp@sjasr.org to discuss options.