

2020-21 St. Joan of Arc Parish School of Religion, 10700 Liberty Rd., Powell, OH 43065

Phone: 614-761-0903 / Email: yff@stjoanofarcpowell.org

NEW FAMILY / STUDENT Registration

Family Last Name: _____

Address: _____ City: _____ Zip: _____

E-mail Address (please print clearly): _____ Home #: _____

Registered Parishioner of St. Joan of Arc? Y / N

	First Name	Middle	Last Name	Cell #	Religion
Father:	_____	_____	_____	_____	_____

Mother:	_____	_____	_____	_____	Maiden name: _____
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Custodial parent (if different than above): _____ Phone: _____

Emergency Contact/Phone: _____ Relationship: _____

	First Name	Middle Name	Last Name	Gender	Birth Date	20-21 Grade
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Child #1:	_____	_____	_____	_____	_____	_____ Select Session/Grade on reverse
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School District _____ School Building _____

Allergies/Special Needs: _____
(medical, learning or physical disabilities)

Sacraments: *Baptism: Date _____ Church Name/City/State: _____
Eucharist: Date _____ Church Name/City/State: _____
Reconciliation: Date _____ Church Name/City/State: _____
Confirmation: Date _____ Church Name/City/State: _____

***If your child was not baptized at St. Joan of Arc, you must provide a copy of the Baptismal Certificate.**

My child entering **3rd grade or above** needs the following sacraments: Baptism ___ Reconciliation ___
Communion ___

	First Name	Middle Name	Last Name	Gender	Birth Date	20-21 Grade
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Child #2:	_____	_____	_____	_____	_____	_____ Select Session/Grade on reverse
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School District: _____ School Building: _____

Allergies/Special Needs: _____
(medical, learning or physical disabilities)

Sacraments: *Baptism: Date _____ Church Name/City/State: _____
Eucharist: Date _____ Church Name/City/State: _____
Reconciliation: Date _____ Church Name/City/State: _____
Confirmation: Date _____ Church Name/City/State: _____

***If your child was not baptized at St. Joan of Arc, you must provide a copy of the Baptismal Certificate.**

My child entering **3rd grade or above** needs the following sacraments: Baptism ___ Reconciliation ___
Communion ___

Tuition is due at time of registration: If necessary, contact the YFF office to discuss payment options.

Office use only: Date: _____ Tuition Pd: \$ _____ CC _____; Cash _____; Check# _____ (Payable to St. Joan of Arc)

Young Disciples ___; Elementary ___; Middle School ___; 2nd Gd. fee ___; 8th Gd. fee ___; Sac. Class ___ Admin fee _____

2020-2021 St. Joan of Arc Parish School of Religion STUDENT REGISTRATION

CONSENT FOR RELEASE OF PERSONALLY IDENTIFIABLE INFORMATION

The undersigned hereby consents to the release of photographs, videos and name of the Participant to be used by the Diocese of Columbus and St. Joan of Arc for future promotional programs of the Diocese and Parish. If you have any questions or concerns, please contact your group leader at (614) 761-0905.

___ Please initial here if you **DO NOT** consent to the release of personally identifiable information. If you do not consent please discuss this with your child(ren) as they will be asked to move out of all pictures and videos.

EMERGENCY MEDICAL TREATMENT

In the event of an emergency, the undersigned hereby give(s) permission to transport the Participant to a hospital for emergency medical or surgical treatment. The undersigned wish(es) to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, the emergency contact will be notified.

Signature: _____ Date: _____

<u>SESSIONS</u> (Please mark "1" & "2" choice in this column)	<u>YOUNG DISCIPLES, ELEMENTARY & MIDDLE SCHOOL:</u> <u>GRADES PRE-K - 8</u> (Please check the appropriate 2020-21 grade level for each child and list their first name above the checked grade.)
___ Sunday 1:45 – 3:00 p.m.	___ Young Disciples; ___ 1 st ; ___ 2 nd ; ___ 3 rd ; ___ 4 th ; ___ 5 th ; ___ 6 th ; ___ 7 th ; ___ 8 th
___ Sunday 4:00 – 5:15 p.m.	___ Young Disciples; ___ 1 st ; ___ 2 nd ; ___ 3 rd ; ___ 4 th ; ___ 5 th ; ___ 6 th ; ___ 7 th ; ___ 8 th
___ Sunday 6:45 – 8:00 p.m.	___ 6 th ; ___ 7 th ; ___ 8 th
___ Monday 4:30 – 5:45 p.m.	___ 1 st ; ___ 2 nd ; ___ 3 rd ; ___ 4 th ; ___ 5 th ; ___ 6 th ; ___ 7 th
___ Monday 6:30 – 7:45 p.m.	___ 1 st ; ___ 2 nd ; ___ 3 rd ; ___ 4 th ; ___ 5 th ; ___ 6 th ; ___ 7 th ; ___ 8 th
___ Wednesday 4:45 – 6:00 p.m.	___ Young Disciples ___ 1 st ; ___ 2 nd ; ___ 3 rd ; ___ 4 th ; ___ 5 th

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 Young Disciples _____; Elementary _____; Middle School _____; 2nd Gd. fee _____; 8th Gd. fee _____; Sacr. Class _____ Admin fee _____

