SAINT JOAN OF ARC

Office of Religious Education
3357 Mendon Road, Cumberland, RI 02864
(401) 658-0734

REGISTRATION FORM

CHILD'S NAME: _____ **Date of Birth:** __/__/__
Address: _____ **CCD Grade:** _____
Place of Baptism: _____ **Date of Baptism:** __/__/__
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Address: _____ **CCD Grade:** _____
Place of Baptism: _____ **Date of Baptism:** __/__/__
CHILD'S NAME: _____ **Date of Birth:** __/__/__
Address: _____ **CCD Grade:** _____
Place of Baptism: _____ **Date of Baptism:** __/__/__

PARENT(S) INFORMATION

Father's Name: _____
Address (If different from child's): _____
Mother's NAME and MAIDEN Name: _____
Address (If different from child's): _____
Step-parent's Name: _____
Phone Number: _____ **Email required for notices:**(print clearly)_____

In case of emergency, person to be contacted: Name/Phone:
Name: _____ **Phone:** _____

CONFIDENTIAL SECTION

Are there any special needs (medication, handicap, or family problems) of which we should be aware?

_____

_____

Parent's Signature: _____ **Total Fee:** _____
(Fees: 1st child: $40.00 // 2nd child: $35.00 // 3rd, 4th child, etc: $30.00 each //Late Fee: $10.00)

- **BAPTISM CERTIFICATE MUST BE INCLUDED WITH ALL NEW REGISTRATIONS AND ESPECIALLY NEW 2nd AND ~~10th~~ Confirmation GRADE REGISTRATIONS OR REGISTRATION WILL NOT BE PROCESSED!**
- **All transfer students from another parish must submit along with this registration an official letter from their former parish certifying grade(s) completed.**

ATTENTION PARENTS: As you know, it takes many volunteers to maintain a quality program. Therefore we are asking for your assistance. PLEASE HELP!

_____ **I am interested in teaching – Grade Level:** _____