

**ST. JOAN OF ARC PARISH
CONFIRMATION PREPARATION PROGRAM**

**2025-2026
Registration**

OFFICE USE ONLY

Fee: \$55.00

Amt. Paid: _____

Ck # _____ Date _____

Bal. Due: _____

Please Print

Teen's **last** name _____ Mother's first & Maiden name _____ Father's name _____

Street address _____ City _____ Zip _____

Home phone number _____ Cell phone _____ email address _____

If Parent(s) have a different last name, please indicate here: _____

If one of the above is not a birth parent, please indicate relationship: _____

Married _____ Divorced _____ Single _____ Widow / Widower _____

Teen(s) reside with: Both Parents _____ Mother _____ Father _____ Grandparent(s) _____ Other _____

****Emergency Contact (Other than home):**

Name _____ Relationship _____ Phone _____

| STUDENTS FIRST NAME | Date of Birth | Sex | Grade as of August | office use | Baptized? | At St. Joan of Arc? | Rec'd First Pen? | Rec'd First Euch? | Last year attended Rel. Ed. |
|---------------------|---------------|-----|--------------------|------------|-----------|---------------------|------------------|-------------------|-----------------------------|
| | | M | | | YES | YES | YES | YES | |
| | | F | | | NO | NO | NO | NO | |
| | | M | | | YES | YES | YES | YES | |
| | | F | | | NO | NO | NO | NO | |

****Does any teen have a medical condition, physical disability, learning disability, or take medication that may affect participation? YES / NO** If yes, explain: _____

List Allergies (especially foods): _____

Are you interested in volunteering? YES / NO If yes, please indicate name and interest: _____

By registering my child(ren) in the St. Joan of Arc Confirmation Preparation Program I agree to cooperate with the diocesan and parish policies.

PLEASE COMPLETE THE OTHER SIDE

**ST. JOAN OF ARC CONFIRMATION PREPARATION PROGRAM
ENROLLMENT AGREEMENT**

RELIGIOUS EDUCATION POLICIES

Please read the following information carefully and initial each line

_____ Attendance is essential. Any teen with two or more absences may be required to repeat the year.

_____ Teens must be dropped off 5 - 10 minutes before class and picked up promptly for dismissal.

_____ If you need to pick up your teen early, inform the staff first. *PLEASE NOTE: the 11:00 am Mass is part of the program.

_____ Religious Education is not a substitute for Mass. Regular attendance at Mass is expected.

CONSENT FOR USE OF PHOTOGRAPHS

I hereby authorize and give full consent to St. Joan of Arc Parish religious education staff, catechists and assistants to photograph my child(ren) during classroom activities and parish events. I authorize and give full consent to the St. Joan of Arc Parish religious education program to publish and/or print my child's photograph. This photograph may be used in posters, bulletin boards, newspapers, flyers, newsletters, video presentations, the parish website and other materials used to promote our parish and its ministries.

I am the legal parent/guardian of _____

_____ I hereby approve and consent to the use of photographs subject to the terms mentioned above. I affirm that I have a legal right to issue such consent.

_____ NO, I DO NOT approve and consent to the use of photographs. I affirm that I have a legal right to DECLINE such consent.

Printed Name _____

Signature _____ Date _____

READ AND SIGN

We look forward to working with you and your teen this year. Please be advised that by placing your teen in our program you are AGREEING to parish and diocesan policies.

I have read the above policies and have received the St. Joan of Arc Confirmation Handbook and the St. Joan of Arc Handbook.

I understand and agree to cooperate with the diocesan and parish policies set forth here and in the Handbook.

Parent/Guardian Signature _____ Date _____