



2024-2025

New Family Religious Education Registration Form

Parent or Legal Guardian

Parent/Guardian First and Last Name: _____ Address: _____

Relationship to Children Attending RE: _____ City/State/Zip: _____

Title (Mr.,Mrs. Dr., etc.): _____ Date of Birth: _____ Primary Phone #: _____

Marital Status: _____ Primary Email Address: _____

Maiden Name: _____

Occupation: _____

Spousal Contact Information (if applicable)

Religion: _____ Primary Phone #: _____

Married in the Catholic Church: Yes No

Sacraments Received:

Baptism 1st Communion Confirmation

Spouse Information (if applicable)

First and Last Name: _____

Relationship to Children Attending RE: _____

Title (Mr.,Mrs. Dr., etc.): _____ Date of Birth: _____

Marital Status: _____

Maiden Name: _____

Occupation: _____

Religion: _____

Married in the Catholic Church: Yes No

Sacraments Received:

Parish Registration:

St. Joan of Arc Registered Parishioner/Family

Other (see below)

If other please provide:

Parish/Church: _____

City/State: _____

Names of Children	Sex	Date of Birth	Baptized	First Communion	Confirmation
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Please indicate where your child or children received their Sacraments:

1st Child's name: _____ Date of Birth: _____

Parish/Church: _____

St. Joan of Arc

Other (see below)

If Other please indicate:

Parish/Church: _____ City/State: _____

Sacraments received: _____

2nd Child's name: _____ Date of Birth: _____

Parish/Church: _____

St. Joan of Arc

Other (see below)

If Other please indicate:

Parish/Church: _____ City/State: _____

Sacraments received: _____

3rd Child's name: _____ Date of Birth: _____

Parish/Church: _____

St. Joan of Arc

Other (see below)

If Other please indicate:

Parish/Church: _____ City/State: _____

Sacraments received: _____

4th Child's name: _____ Date of Birth: _____

Parish/Church: _____

St. Joan of Arc

Other (see below)

If Other please indicate:

Parish/Church: _____ City/State: _____

Sacraments received: _____



5th Child's name: _____ Date of Birth: _____

Parish/Church: _____

St. Joan of Arc

Other (see below)

If Other please indicate:

Parish/Church: _____ City/State: _____

Sacraments received: _____

Please indicate if your child or children have attended Religious Education in the past:

My child or children attended Religious Education at St. Joan of Arc, Lisle IL

Child/Children's name(s): _____ Grades attended: _____

Child/Children's name(s): _____ Grades attended: _____

Child/Children's name(s): _____ Grades attended: _____

Child/Children's name(s): _____ Grades attended: _____

Child/Children's name(s): _____ Grades attended: _____

My child or children attended Religious Education at a different Parish or Catholic School

Child/Children's name(s): _____ Grades attended: _____

Parish/Church or Catholic School: _____ City/State: _____

Child/Children's name(s): _____ Grades attended: _____

Parish/Church or Catholic School: _____ City/State: _____

Child/Children's name(s): _____ Grades attended: _____

Parish/Church or Catholic School: _____ City/State: _____

Child/Children's name(s): _____ Grades attended: _____

Parish/Church or Catholic School: _____ City/State: _____

Child/Children's name(s): _____ Grades attended: _____

Parish/Church or Catholic School: _____ City/State: _____