

Christian Formation Registration 2011 – 2012

St. Joan of Arc Parish ~ 120 Nashotah Road ~ Nashotah, WI 53058 ~ 262-646-5979
St. Catherine Parish ~ W359N8512 Brown Street~Oconomowoc, WI 53066~920-474-7000

Mother	_____	Father	_____
	First Last		First Last
Address	_____	Address	_____
City/Zip	_____	City/Zip	_____
Phone	_____	Phone	_____
	Home Work		Home Work
	_____		_____
	Cell		Cell
Email	_____ (Notification of cancellation, information, etc.)		

_____ We are members of St. Joan of Arc Parish. _____ We are members of St. Catherine Parish.
Students in sacramental grades (Grade 2 and Grade 11) must complete the sacramental information on the reverse side in order to prepare for First Communion, First Reconciliation or Confirmation. The deadline for sacramental information is September 1, 2011.

Registration deadline: September 1, 2011

St. Joan of Arc Parish ~ Christian Formation Schedule ~ 2011-2012

Wednesday:

Session A 4K-Grade 8 4:00 p.m. - 5:05 p.m.
Session B 4K-Grade 11 6:30 p.m. – 7:35 p.m. (Confirmation is celebrated in Grade 11.)

St. Catherine Parish ~ Christian Formation Schedule - 2011-2012

Sunday:

Session A 4K-Grade 6 9:00-9:55 a.m.
Session B Grades 7, 8, 9, 10, 11 Sunday evenings with a variable schedule – For details, contact Bill Frederick at 920-474-7000.

St. Joan of Arc members attending sessions at St. Catherine,
please complete this registration form as well as a St. Catherine's form(available at either parish).
Registration continues on the reverse side of this form.

Go Knights!! St. Joan of Arc Parish Athletics are available for children in grades 5-8 who are registered in Christian Formation. If your children are interested, please indicate below:

My child/ren (Grades) _____

are interested in athletics. Sports: _____

****PLEASE COMPLETE REGISTRATION INFORMATION ON THE REVERSE SIDE****

St. Joan of Arc – St. Catherine~ Christian Formation Registration ~ Page 2

Child's Information:

_____ Grade _____
First Name Middle Name Last Name (2011-2012)

Date of Birth _____ M or F School _____

Special Needs: _____
(Food allergies; medical; educational, etc.)

Sacramental Information: Baptism Y N Date celebrated: _____

Church _____
Name Address/City/State Zip

Sacraments celebrated: 1st Eucharist Y N Reconciliation Y N Confirmation Y N
(Please circle choice)

St. Joan Program choice: Wednesday Classroom Session: A B

St. Catherine Program choice: Sunday Classroom Session: A Sunday Classroom Session: B

Child's Information:

_____ Grade _____
First Name Middle Name Last Name (2011-2012)

Date of Birth _____ M or F School _____

Special Needs: _____
(Food allergies; medical; educational, etc.)

Sacramental Information: Baptism Y N Date celebrated: _____

Church _____
Name Address/City/State Zip

Sacraments celebrated: 1st Eucharist Y N Reconciliation Y N Confirmation Y N
(Please circle choice)

St. Joan Program choice: Wednesday Classroom Session: A B

St. Catherine Program choice: Sunday Classroom Session: A Sunday Classroom Session: B

Child's Information:

_____ Grade _____
First Name Middle Name Last Name (2011-2012)

Date of Birth _____ M or F School _____

Special Needs: _____
(Food allergies; medical; educational, etc.)

Sacramental Information: Baptism Y N Date celebrated: _____

Church _____
Name Address/City/State Zip

Sacraments celebrated: 1st Eucharist Y N Reconciliation Y N Confirmation Y N
(Please circle choice)

St. Joan Program choice: Wednesday Classroom Session: A B

St. Catherine Program choice: Sunday Classroom Session: A Sunday Classroom Session: B