

ST. JOAN OF ARC PARISH  
6414 Montour Street  
South Park, PA 15129

Faith Formation (CCD) Office  
412-835-3724



ST. LOUISE DE MARILLAC PARISH  
310 McMurray Road  
Pittsburgh, PA 15241

Faith Formation (Religious Ed) Ctr.  
412-835-1155

Family Last Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parish of Membership:  St. Joan of Arc  St. Louise de Marillac Other: \_\_\_\_\_

*(Non-parishioners may register if space permits. Please add \$25/child to fees. Contact either Faith Formation offices for details.)*

Primary Mailing Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Primary Email Address: \_\_\_\_\_

### Parent/Guardian Information

Father Name: \_\_\_\_\_ Father Cell Phone: \_\_\_\_\_

Father Email Address: \_\_\_\_\_ Father Occupation: \_\_\_\_\_

Father Religion: \_\_\_\_\_ Father Talents to Share: \_\_\_\_\_

Father Mailing Address if different from Primary: \_\_\_\_\_

Mother Name: \_\_\_\_\_ Mother Cell Phone: \_\_\_\_\_

Mother's MAIDEN name: \_\_\_\_\_ Mother Occupation: \_\_\_\_\_

Mother Email Address: \_\_\_\_\_ Mother Religion: \_\_\_\_\_

Mother Mailing Address if different from Primary: \_\_\_\_\_

\_\_\_\_\_ Mother Talents to Share: \_\_\_\_\_

Emergency Contact Names: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

START: Faith Formation programs at St. Joan of Arc and St. Louise de Marillac will begin **Monday, September 9, 2019**.  
PLEASE NOTE: Sessions fill quickly. Seats will be filled on a **FIRST COME, FIRST SERVED** basis. Register quickly.  
BAPTISMAL CERTIFICATES: **First-time registrants** must submit a **BAPTISMAL CERTIFICATE** to the Faith Formation Office.  
BOOK/MATERIALS FEES: **\$60-** per child; **\$90-** two children; **\$135-** three or more children.  
Please make checks payable to either St. Joan of Arc **OR** St. Louise de Marillac submitted with this form ASAP.  
LATE FEE- **\$25 fee** if registering **AFTER SEPTEMBER 2, 2019**  
SESSION TRANSFER FEE- **\$25 fee** is required to switch a session **AFTER** initial registration.

Thank you for your dedication to the Faith, and to your commitment as primary educators of your family.  
Together may we all work to build up the Body of Christ in Truth and Love!  
God be with you and your holy ministry as the First Church for you children!

OVER →

## Child/Children Information

Please select a 1st and 2nd choice session option for each of your children.

Any questions, please call 412-835-1155 or 412-835-3724 or email [streligioused@stlouisedemarillac.org](mailto:streligioused@stlouisedemarillac.org)

(1) Child First, Middle, Last Name: _____ Birthdate: _____ Grade: _____ School Name: _____	(2) Child First, Middle, Last Name: _____ Birthdate: _____ Grade: _____ School Name: _____
(3) Child First, Middle, Last Name: _____ Birthdate: _____ Grade: _____ School Name: _____	(4) Child First, Middle, Last Name: _____ Birthdate: _____ Grade: _____ School Name: _____
(5) Child First, Middle, Last Name: _____ Birthdate: _____ Grade: _____ School Name: _____	(6) Child First, Middle, Last Name: _____ Birthdate: _____ Grade: _____ School Name: _____

**Class Session Selection- FIRST CHOICE**

- MONDAY (grades K-5) 4:45-6:00pm at St. Louise  
Child: \_\_\_\_\_
- MONDAY EDGE (grades 6-8) 4:30-6:15pm at St. Louise  
Child: \_\_\_\_\_
- WEDNESDAY (grades K-5) 6:15-7:30pm at St. Joan  
Child: \_\_\_\_\_
- WEDNESDAY EDGE (grades 6-8) 6:00-7:45pm at St. Joan  
Child: \_\_\_\_\_
- THURSDAY (grades 1-8) 6:15-7:30pm at St. Louise  
Child: \_\_\_\_\_
- HOMESCHOOL (grades K-8) at St. Louise  
Child: \_\_\_\_\_
- HOMESCHOOL (grades K-8) at St. Joan  
Child: \_\_\_\_\_

**Class Session Selection- SECOND CHOICE**

- MONDAY (grades K-5) 4:45-6:00pm at St. Louise  
Child: \_\_\_\_\_
- MONDAY EDGE (grades 6-8) 4:30-6:15pm at St. Louise  
Child: \_\_\_\_\_
- WEDNESDAY (grades K-5) 6:15-7:30pm at St. Joan  
Child: \_\_\_\_\_
- WEDNESDAY EDGE (grades 6-8) 6:00-7:45pm at St. Joan  
Child: \_\_\_\_\_
- THURSDAY (grades 1-8) 6:15-7:30pm at St. Louise  
Child: \_\_\_\_\_
- HOMESCHOOL (grades K-8) at St. Louise  
Child: \_\_\_\_\_
- HOMESCHOOL (grades K-8) at St. Joan  
Child: \_\_\_\_\_

Any student concerns/special needs so that we might better serve your child in Faith Formation: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>OFFICE USE:</b> Date- _____ Amount- _____ Check #- _____ Cash- _____
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