

EDGE Program - 7th &amp; 8th Grade

LIGHT Program - High School

*There is a separate form for those enrolling in Confirmation.**Confirmation is a program for juniors and seniors that you must be pre-approved to registered for.***CHILD #1 INFORMATION** *please print*

Last Name: _____	First Name: _____
2009/2010 Grade: _____ Gender: _____	Birth Date: _____
School: _____	T-Shirt Cut: Womens or Men Size: _____
Youth's e-mail: _____	Youth's cell phone: _____
Sacraments received: <input type="checkbox"/> Baptism <input type="checkbox"/> First Eucharist <input type="checkbox"/> Reconciliation <input type="checkbox"/> Confirmation	

Available sizes: Y L, AS, AM, AL, AXL

**CHILD #2 INFORMATION** *please print*

Last Name: _____	First Name: _____
2009/2010 Grade: _____ Gender: _____	Birth Date: _____
School: _____	T-Shirt Cut: Womens or Mens Size: _____
Youth's e-mail: _____	Youth's cell phone: _____
Sacraments received: <input type="checkbox"/> Baptism <input type="checkbox"/> First Eucharist <input type="checkbox"/> Reconciliation <input type="checkbox"/> Confirmation	

Available sizes: Y L, AS, AM, AL, AXL

**FAMILY INFORMATION** *please print*

Father's Name: _____	Cell: _____
Mother's Name: _____	Cell: _____
Address/City/Zip: _____	
Family e-mail: _____	Home Phone: _____

**ANNUAL FEE**

NO STUDENT IS EVER TURNED AWAY FOR LACK OF FUNDS

Fee Waived for Religious Education and Youth Ministry catechists

EDGE Fees per child: \$75 before August 1<sup>st</sup>, \$100 after August 1<sup>st</sup>

LIGHT Fees per child: \$100

**Mail forms and payment to:**

St. Joan of Arc Youth Ministry Office  
 2601 San Ramon Valley Blvd.  
 San Ramon, CA 94583

*More information on the back*

FOR OFFICE USE Amount: \_\_\_\_\_ Check #: \_\_\_\_\_ Date of Registration: \_\_\_\_\_ Group #: \_\_\_\_\_

# Teaching and sharing our faith is a **TEAM EFFORT!**

Please take a moment to see how we can help each other  
in such an important and exciting process.

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## Can WE Help YOU? (Circle YES where applicable)

YES My child(ren) has not received all their sacraments to date. I would like more information about the following sacramental preparation.  Baptism  First Eucharist  Reconciliation

YES I am signing below to request NO photos of my child(ren) appear on the St. Joan of Arc Website

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

YES Describe any allergy, chronic illness or other condition and specify which child:

YES I want you to know the following about my child(ren) to help make this year the best experience for all of us:

## Can YOU Help US? (Circle where applicable)

YES I would like more information on helping as a small group leader. We need 40 EDGE leaders on Thursday nights and 20 LIGHT leaders on Monday nights. Registration fees will be waived for your children if you are a small group leader and training will be provided!

circle one:      EDGE      LIGHT

YES I would like to help plan/coordinate service projects

YES I would like to help with audio/video projects

YES I would be able to help in the office, as needed, to get ready for weekly nights or special events

YES I would like to be more a part of planning and preparing for the Youth Mass

YES I have included an additional donation to help sponsor another child in Youth Ministry

## Questions?

Call 830-4720 or email

EDGE inquiries to Wendy Thompson at [wthompson@sjasr.org](mailto:wthompson@sjasr.org),

LIGHT inquiries to Mary Machi at [mmachi@sjasr.org](mailto:mmachi@sjasr.org)