

**St. Paul Catholic Church  
Office of Religious Education  
224 North Fifth Street  
Jacksonville Beach, FL 32250  
mimistpaulre@gmail.com**

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**Please read these directions carefully before completing the Registration form.**

- Fill out the form completely – all 4 pages! (Front and Back)
- Please include the family email address that is viewed on a regular basis.  
We communicate with our families via email.
- You may register more than one child on this form.
- Return the completed form and registration fee to my office as soon as possible.  
You may either mail the form to the church (attn: Mimi Coleman),  
or hand deliver to the Religious Education Office (School Room 201).

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**Registration Fees: Please include fee with registration.**

**Registration**

\$45 one child      \$85.00 two children      **Maximum fee of \$110 per family**

(St. Paul's provides scholarships for any family that needs assistance. Please speak to Mimi Coleman)

**Additional Fees:**

First Reconciliation/First Communion Supplemental Fee      \$40

Confirmation Supplemental Fee      \$25

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**The 2017-18 Religious Education year starts Wednesday, September 13, 2017**

**Early Session** (space is limited)

Kindergarten and 1<sup>st</sup> Grade: **4:30 – 5:30PM**

2<sup>nd</sup> – 5<sup>th</sup> Grades: **4:30 – 5:45PM**

**Late Session:**

Kindergarten and 1<sup>st</sup> Grade: **6:30 – 7:30PM**

2<sup>nd</sup> – High School: **6:30 – 7:45**

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**Catechists/Volunteers Needed 2017-18**

**We still have volunteer positions to fill for next year!**

If you have not been involved as a catechist before, why don't you give it a try? All lesson plans and materials are provided for you and tuition is waived for your children. Stop by the Religious Education Office to see what opportunities are available. All Catechists and volunteers must be Safe Environment certified.

Can't decide what grade to teach? We always need a 'Floater': a substitute catechist who comes each week and helps out wherever the need is. Having a floater at each class time is a tremendous help. If you can't be available every week, but want to be added to a substitute list, please contact the RE office.

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**For additional questions or concerns contact:**

Mimi Coleman

Director of Religious Education (904) 249-2660



**St. Paul's Catholic Church**  
**Jacksonville Beach, FL 32250**  
**Religious Education Registration**

**2017-18 Family Information**

**Father's Name:** \_\_\_\_\_  
First \_\_\_\_\_ Last \_\_\_\_\_ Cell Number \_\_\_\_\_  
Religion \_\_\_\_\_ Occupation \_\_\_\_\_ Home Number \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_  
First \_\_\_\_\_ Last \_\_\_\_\_ Cell Number \_\_\_\_\_  
Religion \_\_\_\_\_ Occupation \_\_\_\_\_ Home Number \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
Street \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

**Address mail to:** \_\_\_\_\_ **Language spoken at home:** \_\_\_\_\_  
(Mr. and Mrs., Ms., Dr. and Mrs., etc.)

**Please provide a valid email address that is checked regularly. Email is our primary source of communication.**

**Primary Email:** \_\_\_\_\_ **Relationship (mother/father):** \_\_\_\_\_

**Add'l Email (if necessary):** \_\_\_\_\_ **Relationship (mother/father):** \_\_\_\_\_

**Marital Status:** Married \_\_\_\_ Divorced \_\_\_\_ Separated \_\_\_\_ Single \_\_\_\_ Widow \_\_\_\_  
Child/Children live with: ( ) Father ( ) Mother ( ) both ( ) other \_\_\_\_\_  
Does other parent have legal access? ( ) Yes ( ) No

**Registered members of St. Paul's Church:** ( ) Yes ( ) No If no, parish/church affiliation: \_\_\_\_\_

Have you previously participated in St. Paul's Religious Education program? ( ) Yes ( ) No

If no, have you been involved with another Religious Ed. or Catholic school program? ( ) Yes ( ) No

Name and location of previous program: \_\_\_\_\_

Our program relies on parent volunteers. Please consider volunteering in Religious Education. We are in need of the following areas listed below. No experience necessary...training will be provided.

**Catechist:** \_\_\_\_\_ **Catechist Aide:** \_\_\_\_\_ **Substitute Catechist:** \_\_\_\_\_ **Office Helper:** \_\_\_\_\_

**Registration/Material Fee Schedule: *Payment Due at Time of Registration by check or cash.***

1 child: \$45      2 children: \$ 85      Maximum fee per family: \$110

**Additional Materials Fee:**

Sacraments of Reconciliation and First Communion: \$40      Sacrament of Confirmation: \$25

Office Use Only: Date: \_\_\_\_\_ Fee Due: \_\_\_\_\_  
Check Number: \_\_\_\_\_ Cash Amount: \_\_\_\_\_ Reimbursement Due: \_\_\_\_\_

## 2017-18 Student Information

Session preferences are: Early: K-5: 4:30 – 5:45

Late: K-High: 6:30 – 7:45

CHILD'S NAME Include last name if different from parent	Male or Female	Date of Birth	Grade in 2017-18	*Session Request  <i>Early or Late</i>	Received Baptism  <i>Yes or No</i>	Received Eucharist  <i>Yes or No</i>	Received Reconciliation  <i>Yes or No</i>	Received Confirmation  <i>Yes or No</i>

***Be sure to check all sacraments received***

If you have a child in 3<sup>rd</sup> grade or older who still needs further preparation for the sacraments of Baptism, Reconciliation (Penance) and/or Eucharist (Holy Communion) please speak directly to the DRE.

Also, if your child was not baptized in the Catholic Church, please note in which faith they received their baptism.

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**Medical Information:** Please provide the following information so that we may better meet the needs of your child.

CHILD'S NAME	CHRONIC ILLNESS	LEARNING DISABILITIES (Be Specific)	ALLERGIES	DAILY MEDICATION	OTHER

**Please note:**

The staff and/or volunteers of St. Paul's Religious Education Office **do not** dispense pills such as aspirin or Benadryl etc. Additionally, the Staff and volunteers **do not** administer any shots such as insulin or an epi pen, etc. If you feel your child needs these health items during class time, one of the parents will need to be present to administer them. Please contact the Director of Religious Education for the Volunteer paperwork.

Additional Information we should be aware of: \_\_\_\_\_

### Emergency Information

Alternate Emergency Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

As a parent and/or guardian, I authorize the treatment of my minor child/children by a qualified and licensed medical doctor in the event of a medical emergency, which, in the opinion of the attending physician, may endanger his or her life, cause physical disability or undue discomfort if delayed. This consent is granted only after a reasonable effort has been made to reach me

\_\_\_\_\_  
**Signature of Parent or Legal Guardian**

\_\_\_\_\_  
**Date**

**St. Paul's Religious Education  
Student Dismissal Form 2017-18**

**St. Paul's Religious Education takes the safety of our students very seriously.**

**In order for your child to be released to any adult other than their guardian, this form must be returned to the Religious Education Office.**

**Elementary Levels (Kindergarten – 5th Grade)**

For your child's safety, it is **mandatory** that all Elementary students be dismissed to a guardian at the end of each class meeting. Students will be dismissed from their classrooms.

Only High School students with a valid driver's license will have permission to pick up a sibling from a classroom. Their name must be on the release form for their sibling.

**Middle School (6th – 8th Grade)**

For your child's safety, it is **mandatory** that all Middle School students be dismissed to a guardian at the end of each class meeting. Students will be dismissed from their classrooms.

**High School**

Only students with a valid driver's license have permission to leave on their own. To be eligible, students must return the Student Dismissal Form with a parent's signature approving an unescorted release.

All other High School students may only be released to a guardian or other authorized adult.

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Child's First and Last Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Child's First and Last Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Child's First and Last Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Child's First and Last Name: \_\_\_\_\_ Grade: \_\_\_\_\_

**OPTION ONE: (MANDATORY FOR ALL ELEMENTARY AND MIDDLE SCHOOL LEVELS):** I understand that my child is to be picked up from their classroom at the end of each session. If my child is to be picked up by someone other than the person signing this form, I will list their name below. This form will authorize that person(s) to pick up my child.

**My Child may be picked up by the following people:**

(Please PRINT authorized adults (First and Last Names) and their phone numbers.):

Name

Phone Number

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**OPTION TWO (HIGH SCHOOL STUDENTS WITH VALID DRIVER'S LICENSE ONLY)**

My child has a valid driver's license. I hereby grant permission for my child to leave their Religious Education Class unescorted.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Child Photography Release Form 2017-18

St. Paul's Catholic Church, Religious Education Office in Jacksonville Beach, FL will not release or use any photograph or image of your child/children without prior written consent from you as the parent or guardian. Images may be used for: parish website, parish bulletin, newsletters, and parish PowerPoint presentations.

**Please check ONE of the following choices, then list your child/children attending Religious Education.**

\_\_\_\_\_ **I/We GRANT** permission for the photo/image that includes out child/children without any personal identifier (no name, no age or grade, no address, just as a member of this church) to be published on the church's or diocese's public internet site, in publications of the church or diocese, and/or in other media that may publicize church events

\_\_\_\_\_ **I/We DO NOT GRANT** permission for the photo/image that includes out child/children without any personal identifier (no name, no age or grade, no address, just as a member of this church) to be published on the church's or diocese's public internet site, in publications of the church or diocese, and/or in other media that may publicize church events.

Child's First and Last Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Child's First and Last Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Child's First and Last Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Child's First and Last Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Print Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_