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

# 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 Parish Office located at the Rectory.

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

#### Registration

\$50 one child \$95.00 two children **Maximum fee of \$125 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\$45RCIA Class for children\$45Confirmation Supplemental Fee\$45

# The 2019-20 Religious Education year starts Wednesday, September 11, 2019.

Early Session (space is limited) Kindergarten – 5<sup>th</sup> Grade: 4:30 – 5:45 PM

### Late Session:

Kindergarten and High School: 6:30 – 7:45 PM

### **Catechists/Volunteers Needed 2019-20**

All Catechists and volunteers must be Safe Environment certified.

#### 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. Contact the Religious Education Office to see what opportunities are available.

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.

Arrival/Dismissal and Front Desk Assistance Volunteers are also needed.

### 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 2019-20 Family Information

Father's Nam	e:		
	First	Last	Cell Number
	Religion	Occupation	Home Number
Mother's Nan	ne:		
	First	Last	Cell Number
	Religion	Occupation	Home Number
Mailing Addro	ess:		
	Street	City/State	Zip
Address mail	to: (Mr. and Mrs., Ms., Dr. and Mrs., etc.)	Language spoken	at home:
Please provi		is checked regularly. Email is c	our primary source of communication
Primary Emai	l:	Relationship	o (mother/father):
Add'l Email (i	f necessary):	Relationship	o (mother/father):
Marital Statu	s: Married Divorced	_ Separated Single	Widow
		() Father () Mother () b	
	Does other parent have legal		
Registered m	embers of St. Paul's Church: (	) Yes ()No If no, parish/churcl	h affiliation:
Have you prev	viously participated in St. Paul's I	Religious Education program? ()	Yes ( ) No
If no, have yo	u been involved with another Re	ligious Ed. or Catholic school prog	ram? ( ) Yes ( ) No
Name and loc	ation of previous program:		
Our program	relies on parent volunteers.		
	-	ation. We are in need of the follo	wing areas listed below.
No experience	e necessarytraining will be prov	vided.	-
Catachist	Cotochist Aido	Substitute Catashisti	Office Helper:
Catechist:	Catechist Alde:	Substitute Catechist:	
Registration	/Material Fee Schedule: Pa	yment Due at Time of Registrat	tion by check or cash.
1 child: \$50	-	num fee per family: \$125	-
			Fees Due:
••	I Materials Fee for Sacraments:		Registration:
	f Reconciliation and First Commu	-	Supplemental:
RCIA class for	children \$45 Sacrame	nt of Confirmation: \$45	Total:
Office Use Only	y:		
	-	Due:	Total Paid:
	ck:		

# 2019-20 Student Information

### Session preferences are: Early Session: Grades 5 - 5: 4:30 - 5:45 Late Session: Grades K-8: 6:30 - 7:45

Eucharist (Holy Comm If your child was not b	rade or higher and is in need of prep nunion) please speak directly to the paptized in the Catholic Church, plea at St. Paul's, must have a Baptism (	DRE. Ise note in which faith	they received their baptisr	n.
Child 1				
Name: <u>(First)</u>	(Last)		_Date of Birth:	
Gender:	Grade in 2019-20:		_Session Request (Early or	Late):
Sacraments for this C	hild:			
Baptism: Yes/No	Place:	Reconciliation:	Yes/No Place:	
First Communion: Ye	s/No Place:	Confirmation:	Yes/No Place:	
Medical Information	Please provide the following infor	mation so that we ma	y better meet the needs of	your child.
CHRONIC ILLNESS	LEARNING DISABILITIES (Be Specific)	ALLERGIES	DAILY MEDICATION	OTHER
<b>Child 2</b> Child's Name: <u>(First)</u>	(Last)		Date of Birth:	
Gender:	Grade in 2019-20:		_Session Request (Early or	Late):
Sacraments for this S Baptism: Yes/No		Reconciliation:	Yes/No Place:	
First Communion: Ye	s/No Place:	Confirmation:	Yes/No Place:	
Medical Information:	Please provide the following infor	mation so that we ma	y better meet the needs of	f your child.
CHRONIC ILLNESS	LEARNING DISABILITIES (Be Specific)	ALLERGIES	DAILY MEDICATION	OTHER
<b>Child 3</b> Child's Name: <u>(First)</u>	(Last)		Date of Birth:	
Gender:	Grade in 2019-20:		_Session Request (Early or	Late):
Sacraments for this S Baptism: Yes/No	tudent: Place:	Reconciliation:	Yes/No Place:	
First Communion: Ye	s/No Place:	Confirmation:	Yes/No Place:	
Medical Information	Please provide the following infor	mation so that we ma	y better meet the needs of	your child.

CHRONIC ILLNESS	LEARNING DISABILITIES (Be Specific)	ALLERGIES	DAILY MEDICATION	OTHER

Child 4

Child's Name: (First)	(Last)		Date of Birth:	
Gender:	Grade in 2019-20:	Ses	sion Request (Early or Lat	e):
Sacraments for this St Baptism: Yes		Reconciliation:Yes	:/No Place:	
First Communion: Yes/No Place: Confirmation: Yes/No Place:				
<b>Medical Information:</b> Please provide the following information so that we may better meet the needs of your child.				
CHRONIC ILLNESS	LEARNING DISABILITIES (Be Specific)	ALLERGIES	DAILY MEDICATION	OTHER

# Emergency Contact Information

In the event of an emergency, we will make every effort to first contact the parent. In the event a parent cannot be reached, please provide an alternate contact name:

Alternate Emergency Name\_\_\_\_\_\_Telephone Number\_\_\_\_\_\_

### **Emergency Medical Authorization**

Date

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

#### 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.

# Student Dismissal Form 2019-20

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

All students be dismissed to a guardian at the end of each class meeting. Students will be dismissed from assigned classrooms. Parents or Authorized persons must have proper pass with family name and student name.

Child 1 - First and Last Name:	Grade:
Child 2 - First and Last Name:	Grade:
Child 3 - First and Last Name:	_Grade:
Child 4 - First and Last Name:	Grade:

I understand that my child is to be picked up from an assigned 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.

I understand that it is the parent's responsibility to ensure carpool members have authorized family passes.

#### 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:	
Name	Dhana Numhari	
Name:	Phone Number:	
Name:	Phone Number:	

# Child Photography Release 2019-20

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 our 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 our child/children 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 1 - First and Last Name:	Grade:
Child 2 - First and Last Name:	Grade:
Child 3 - First and Last Name:	Grade:
Child 4 -First and Last Name:	Grade:
Parent/Guardian Signature:	Date: