

Religious Education Registration 2025-2026

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: _____ belongs to: _____

Add'l Email _____ belongs to: _____

Marital Status: Married _____ Divorced _____ Separated _____ Single _____ Widow _____
Child/Children live with: () Father () Mother () both () other _____
If separated/divorced, does other parent have legal access? () Yes () No

Families must be registered members of St. Paul's.

Please contact the Religious Education office if your family is not registered.

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. (Weekly volunteer – No RE Fee, Occasional Volunteer discount fee)

Please consider volunteering in Religious Education. We need volunteers in the areas listed below.

No experience necessary...training will be provided.

Catechist: _____ Catechist Aide: _____ Substitute Catechist: _____ Hall Monitor: _____

Religious Education Registration:

Payment Due at Time of Registration by check or cash.

1 child: \$60 2 children: \$ 110 Maximum fee per family: \$150

Additional Materials Fee for Sacraments (example: \$60 + \$50 = \$110)

Sacraments of Reconciliation and First Communion: \$50

Fees Due:

RE Registration: _____

Additional Fee: _____

Total: _____

Registration Forms Due in the Religious Education Office by August 1, 2025.

2025-26 Student Information

For Each New Student attach a copy of Baptismal Certificate

Session preferences are:

Early Session: Grades K - 5: 4:30 – 5:45

Late Session: Grades K - 8: 6:30 – 7:45

OCIA Class to be determined by age. OCIA is Late Session Only

If your child is in 3rd grade or higher and needs preparation for the sacraments of Baptism, Reconciliation (Penance) and/or Eucharist (Holy Communion) please speak directly to the DRE.

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

Children not baptized at St. Paul's, must have a Baptism Certificate on file with the Religious Education Office.

Child 1

Name: (First) _____ (Last) _____ Date of Birth: _____

Gender: _____ School Grade in 2025-26: _____ Session Request (Early, Late): _____

Sacraments already received:

Baptism ☐

Reconciliation ☐

First Communion ☐

Confirmation ☐

Medical Information: 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

Child 2

Name: (First) _____ (Last) _____ Date of Birth: _____

Gender: _____ School Grade in 2025-26: _____ Session Request (Early, Late): _____

Sacraments already received:

Baptism ☐

Reconciliation ☐

First Communion ☐

Confirmation ☐

Medical Information: 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

Child 3

Name: (First) _____ (Last) _____ Date of Birth: _____

Gender: _____ School Grade in 2025-26: _____ Session Request (Early, Late): _____

Sacraments already received:

Baptism ☐

Reconciliation ☐

First Communion ☐

Confirmation ☐

Medical Information: 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

Child 4

Name: (First) _____ (Last) _____ Date of Birth: _____

Gender: _____ School Grade in 2025-26: _____ Session Request (Early, Late): _____

Sacraments already received:Baptism ☐Reconciliation ☐First Communion ☐Confirmation ☐

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

Child Photography Release 2025-26**Diocese of Saint Augustine**

Catholic Center
11625 Old St. Augustine Road
Jacksonville, Florida 32258
(904) 262-3200

I hereby grant permission, without compensation, to the Catholic Diocese of Saint Augustine to use and reproduce photographs and/or video taken of my child. These photographs may be used for news and editorial purposes in publications and other electronic reproductions (websites and video) and/or brochures. In addition, I grant my permission to alter the same photos without restriction and to copyright the same. I hereby release the photographer, the journalists and the publications or media outlets they represent, as well as the parish/church and/or school involved, the Bishop of the Diocese of St. Augustine, a corporation sole, the Catholic Diocese of Saint Augustine and all of their employees and agents, from all claims and liability relating to said photographs.

Child's Name (Printed): _____

Parent or Guardian Signature: _____

Date: _____

Emergency Contact Information 2025-26

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

- 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 the parent/guardian.
- I understand 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, you, the parent, will need to be present to administer the medication.

Parent/Guardian Signature: _____ Date: _____

Pre-Authorized Release for Dismissal of Students to Adults Other than Parents

ALL STUDENTS will only be dismissed to a parent, guardian, or other pre-approved person. If your child rides home with anyone other than a parent or legal guardian, we must have pre-approved permission on file in the RE Office. Students will only be released to older siblings who can produce a valid driver's license. Older siblings must also be listed as a pre-approved person for pick-up.

Additional persons may be added by calling the Religious Education Office before noon on the day of class.

A valid ID must be shown upon request before children are released to adults unknown to St. Paul's staff.

My Child/children may be picked up by the following people:

(Parents/legal guardians **DO NOT** need to be listed.)

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

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Registration Forms Due in the Religious Education Office by August 1, 2025.