

St. Paul's Catholic Church - Jacksonville Beach, FL 32250
cburns@stpaulsjaxbeach.org 904-249-2660
Children's Faith Formation Registration 2026-2027

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, do both parents have legal access? () Yes () No

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

Please contact the Children's Faith Formation office if your family is not registered.

Have you previously participated in St. Paul's Children's Faith Formation 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 for Wednesday evening classes. We need volunteers in the areas listed below.

No experience necessary. Training will be provided.

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

Children's Faith Formation Registration Fees:

Payment Due at Time of Registration by check or cash.

1 child: \$75 2 children: \$ 140 Maximum fee per family: \$200

Sacraments of Reconciliation and First Communion materials fee - \$75 each.

(Example: \$75 for class + \$75 for Reconciliation/First Communion = \$150)

Fees Due:

RE Registration: _____

Additional Fee: _____

Total: _____

Registration Forms are Due by Sept. 8, 2026.

Any late registrations will incur a \$20 late fee for each child, including sacraments.

(Example: Fee for 3 children = \$200. Late registration for 3 children = \$60. Total due \$260)

2026-2027 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 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 2026-27: _____ 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	SPECIAL NEEDS / LEARNING DISABILITIES	ALLERGIES	OTHER

Child 2

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

Gender: _____ School Grade in 2026-27: _____ 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	SPECIAL NEEDS / LEARNING DISABILITIES	ALLERGIES	OTHER

Child 3

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

Gender: _____ School Grade in 2026-27: _____ 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	SPECIAL NEEDS / LEARNING DISABILITIES	ALLERGIES	OTHER

Child 4

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

Gender: _____ School Grade in 2026-27: _____ 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	SPECIAL NEEDS / LEARNING DISABILITIES	ALLERGIES	OTHER

Emergency Contact Information 2026-2027

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 people may be added by calling the Children’s Faith Formation Office *before noon 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: _____



Photography and Media Release Form for Minor Children

Without compensation, I hereby grant the Catholic Diocese of St. Augustine (the “Diocese of St. Augustine”), its ministries, parishes, schools and other affiliated entities, permission to record my child’s appearance, physical likeness and/or voice on videotape, on film, or digital video disk, or other means, and/or take photographs of my child.

Notwithstanding any prohibition as may be contained in Section 540.08, Florida Statutes, I hereby freely and voluntarily consent to the use, reproduction, and distribution of photographs, video recordings or other media capturing my child’s image, physical likeness, or voice for an indefinite period of time or until such time I expressly revoke my consent in writing. These materials may include, but are not limited to news, editorial content, publications, promotional materials, electronic media (websites, social media channels, podcasts, videos), and/or printed brochures.

In addition, I understand and agree that:

- The Diocese of St. Augustine, its ministries, parishes, schools, and other affiliated entities may alter, edit or modify these materials as needed, without restriction.
- The Diocese of St. Augustine retains the sole ownership and right to copyright any such materials.
- My consent is voluntary, and I waive any rights to inspect or approve the finished products or the specific use of such materials.

I agree to hold the Diocese of St. Augustine, the Bishop of the Diocese of St. Augustine, its employees and agents, and any media outlet or representatives involved in the creation or distribution of the materials harmless against claim, liability, loss, or damage caused by, or arising from any claims, demands or liability arising from or related to the creation, use, production, or distribution of these materials. This Photography and Media Release Form for Minor Children is binding and applies to any claims of defamation, invasion of privacy, or rights of publicity.

I have read this Photography and Media Release Form for Minor Children before signing and fully understand the contents, meaning, and impact of this release. I understand that I am free to address any specific questions and have done so prior to signing this release.

Minor’s Name (Printed): _____

My Name (Printed) and Relationship to the Minor (Parent/Guardian):

Signature: _____

Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Cell: _____

Email: _____