

St. Paul's Catholic Church 2023-24 Religious Education Registration

St. Paul Catholic Church
Office of Religious Education
224 North 5th Street
Jacksonville Beach, FL 32250
(904)249-2660

Carol Johnson Burns, Director
cburns@stpaulsjaxbeach.org

Debbie McKay, Assistant
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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, 4 pages!)
- We communicate with our families via email. Provide an email address that is viewed regularly.
- If both parents need notification, provide both emails
- You may register more than one child on this form. (Up to 4 children)
- Return the completed form and registration fee to the Religious Education Office as soon as possible.
- You may either mail the form to the church (Attn: Carol Burns), or hand deliver to the Parish Office located at the Rectory

Registration Forms Due in the Religious Education Office by August 1, 2023

Any Registrations received after August 1st may not be processed before the start date of September 13.

Students may not begin class until their registration has been processed. DO NOT DELAY!

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 Carol Burns)

Additional Material Fees for Sacraments:

First Reconciliation/First Communion Fee \$50

RCIA class for children \$50

The 2023-24 Religious Education year starts Wednesday, September 13, 2023.

Early Session (space is limited)

Kindergarten – 5th Grade: 4:30 – 5:45 PM

Late Session:

Kindergarten – 8th grade: 6:30 – 7:45 PM

Parent Volunteers: Welcome and Needed!

Our ministry depends on volunteers. Catechists are needed for ALL grades!

Volunteer positions include: Catechists, Assistant Catechist, Office Helper, Hall Monitor

St. Paul's Religious Education program relies on volunteers who give of themselves freely and devote their time to our RE program because of their love of children and their desire to pass on their faith. You don't need to be a certified classroom teacher to volunteer with the Religious Education program – training, support, lesson plans, and materials are provided for you.

If you have not been involved as a catechist before, why don't you give it a try?

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

**St. Paul's Catholic Church,
Jacksonville Beach, FL 32250
Religious Education Registration
2023-24 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 _____
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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: _____ **email belongs to:** _____

Add'l Email (Only if necessary) _____ **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.

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:** _____ **Hall Monitor:** _____

**Religious Education Registration: *Payment Due at Time of Registration*
*by check or cash.***

1 child: \$50 2 children: \$ 95 Maximum fee per family: \$125

Additional Materials Fee for Sacraments:

Sacraments of Reconciliation and First Communion: \$50

RCIA class for children \$50

Fees Due:

RE Registration: _____

Additional Fee: _____

Total: _____

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2023-24 Student Information

Session preferences are:

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

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

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: _____ Grade in 2023-24: _____ Session Request (Early, Late): _____

Sacraments for this Student:

Baptism ☐ Yes ☐ No Parish? _____ Reconciliation ☐ Yes ☐ No Parish? _____

First Communion: ☐ Yes ☐ No Parish? _____ Confirmation: ☐ Yes ☐ No Parish? _____

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

Child's Name: (First) _____ (Last) _____ Date of Birth: _____

Gender: _____ Grade in 2023-24: _____ Session Request (Early, Late): _____

Sacraments for this Student:

Baptism ☐ Yes ☐ No Parish? _____ Reconciliation ☐ Yes ☐ No Parish? _____

First Communion: ☐ Yes ☐ No Parish? _____ Confirmation: ☐ Yes ☐ No Parish? _____

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

Child's Name: (First) _____ (Last) _____ Date of Birth: _____

Gender: _____ Grade in 2023-24: _____ Session Request (Early, Late): _____

Sacraments for this Student:

Baptism ☐ Yes ☐ No Parish? _____ Reconciliation ☐ Yes ☐ No Parish? _____

First Communion: ☐ Yes ☐ No Parish? _____ Confirmation: ☐ Yes ☐ No Parish? _____

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

Child's Name: (First) _____ (Last) _____ Date of Birth: _____

Gender: _____ Grade in 2023-24: _____ Session Request (Early, Late): _____

Sacraments for this Student:

Baptism ☐ Yes ☐ No Parish? _____ Reconciliation ☐ Yes ☐ No Parish? _____

First Communion: ☐ Yes ☐ No Parish? _____ Confirmation: ☐ Yes ☐ No Parish? _____

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 Photography Release 2023-24



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 2023-24

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 pre-approved person for pick-up.

Additional persons may be added by calling the Religious Education Office.

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:

(Parents/legal guardians do not need to be listed)

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

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