# St. Paul’s Catholic Church,

# Jacksonville Beach, FL 32250

# Religious Education Registration

# 2024-25 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:**  \_\_\_\_ 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:**

**Fees Due:**

RE Registration:

Additional Fee:

**Total:**

***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

RCIA class for children $50

**Registration Forms Due in the Religious Education Office by August 1, 2024.**

**2024-25 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**

***RCIA Class to be determined by age.***

*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 2024-25: 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 2024-25: 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 2024-25: 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** |
|  |  |  |  |  |

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***Child 4***

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

Gender: School Grade in 2024-25: 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 2024-25**



**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Emergency Contact Information 2024-25**

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, 2024**.

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