

2011-2012

# Religious Education Program Registration

## St. Jude Catholic Church

21689 Toledo Road – Boca Raton, FL 33433

Phone (561) 314-1057 Fax (561) 362-0845

[www.stjudeboca.org](http://www.stjudeboca.org)

### OFFICE USE ONLY

CLASS: \_\_\_\_\_  
SS Next Yr: \_\_\_\_\_  
Bapt Cert: \_\_\_\_\_  
Date Entered: \_\_\_\_\_  
Payment Entered: \_\_\_\_\_

Religious Ed classes are for registered parishioners

Date: \_\_\_\_\_

Church Envelope # \_\_\_\_\_

### All Fees and Copy of Baptism Certificate are Due at Registration:

**Early Tuition Fee (On or Before July 15, 2011):** One child: \$140; Two children: \$220; Three children: \$270

**Late Tuition Fee (On or After July 16, 2011):** One child: \$165; Two children: \$245; Three children: \$295

**Sacrament Fee for First Communion** \$50 fee for each student enrolled in 2<sup>nd</sup> grade or Special Sacraments

**Sacrament Fee for Confirmation** \$75 fee for each student enrolled in Confirmation Year 2

**Catechist Discount:** 50% of total tuition fee

Make Check Payable to: St. Jude Religious Education We now accept Visa, MasterCard, American Express, Discover.

### OFFICE USE ONLY

Tuition : \_\_\_\_\_

Sacrament Fee: \_\_\_\_\_

Total Due: \_\_\_\_\_

Total Paid: \_\_\_\_\_

Rec'd By: \_\_\_\_\_

Comments: \_\_\_\_\_

### FAMILY INFORMATION: (Primary Residence)

Family Last Name: \_\_\_\_\_ Home Phone ( ) : \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

E-MAIL: (Please print clearly) \_\_\_\_\_

### MOTHER (OR FEMALE GUARDIAN):

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Occupation: \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

Address(if different): \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

### FATHER (OR MALE GUARDIAN):

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Occupation: \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

Address(if different): \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

### STUDENT INFORMATION

#### STUDENT 1

#### STUDENT 2

#### STUDENT 3

#### STUDENT 4

	STUDENT 1	STUDENT 2	STUDENT 3	STUDENT 4
<b>NAME</b> First / Last (only if different from family name)				
<b>NICK NAME</b>				
<b>SCHOOL ATTENDING</b>				
<b>GRADE</b> (2011/2012)				
<b>DATE OF BIRTH</b>				
<b>GENDER</b> (Male/Female)				
<b>CUSTODY / LIVES WITH:</b> Father/Mother – Mother – Father – Mother/Step Father – Father/Step Mother Other (specify)				
<b>PREVIOUS REL ED COMPLETED</b>	Last Grade Church	Last Grade Church	Last Grade Church	Last Grade Church
<b>SACRAMENTS:</b> Please check (✓) those your child has <b>ALREADY RECEIVED</b>	( ) Baptism ( ) First Penance ( ) First Communion ( ) Confirmation	( ) Baptism ( ) First Penance ( ) First Communion ( ) Confirmation	( ) Baptism ( ) First Penance ( ) First Communion ( ) Confirmation	( ) Baptism ( ) First Penance ( ) First Communion ( ) Confirmation

### Class Preference: Please check one (✓)

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

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

Grades K-7, Special Sacraments meet 10:30-11:45 a.m.

Grades K-5, Special Sacraments meet 4:30 – 5:45 p.m.

Confirmation Year 1 (Gr. 8-11), Year 2 (Gr. 9-12) meet 10:30-11:45 a.m.

Confirmation (Year 1 & 2) will be offered if enrollment exceeds

Young Adult Confirmation meet 1:00 – 2:30 p.m.

10 students by August 15<sup>th</sup>.

## MEDICAL RELEASE/EMERGENCY INFORMATION

### Parent or Guardian Authorization:

In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel. In any event, I/we agree to hold St. Jude Catholic Church harmless for any actions performed by their staff in assisting my/our child(ren), arising from a medical emergency.

Family Doctor: \_\_\_\_\_ Phone Number ( ) \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Whom shall we contact in case of an emergency if you cannot be reached? (Must include Home, Work and Cell Numbers)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Please list any allergies/medical problems, behavioral issues, including those requiring maintenance medications.  
(e.g. Diabetic, Asthma, ADD, ADHD, Autism, Dyslexia, Seizure Disorder, Allergies, etc.)

Name of Student	Medical Diagnosis/Behavioral Conditions	Medications Being Taken

## Emergency Authorization and Sacramental Permission

*Note: Parental signatures are required for religious education and to receive a Sacrament*

\_\_\_\_\_ Date: \_\_\_\_\_

***Authorized Parent / Guardian Signature***

### Volunteers:

We need loving hearts to continue this program. Please consider assisting in the following areas.

Our family is willing and able to volunteer in the following areas:

Teach \_\_\_\_\_

Assist \_\_\_\_\_

Hall monitor \_\_\_\_\_

Office Help \_\_\_\_\_

Assist with Special Projects \_\_\_\_\_