



Date \_\_\_\_\_

Church Envelope/ID # \_\_\_\_\_

## 2021 - 2022 Religious Education Registration

**Important information:**

1. Tuition, Fees and copy of Baptism Certificate are due at Registration
2. **Class Preference** (Please check preference):
  - Sundays 10:30 - 11:45AM
  - \*Wednesdays – \*If available 4:45 - 6:00PM

**STUDENT INFORMATION**

	Student 1	Student 2	Student 3
<b>NAME</b> First / Last			
<b>SCHOOL NAME</b>			
<b>GRADE</b> (2021 - 2022)			
<b>DATE OF BIRTH</b>			
<b>GENDER</b> (Male/Female)			
<b>LIVES WITH</b> (both parents, custodial parents, other)			
<b>PREVIOUS RELIGIOUS EDUCATION</b>	Last Grade Church	Last Grade Church	Last Grade Church
<b>SACRAMENTS RECEIVED</b>	<input type="checkbox"/> Baptism <input type="checkbox"/> First Communion	<input type="checkbox"/> Baptism <input type="checkbox"/> First Communion	<input type="checkbox"/> Baptism <input type="checkbox"/> First Communion

**FAMILY INFORMATION**

PRIMARY E-MAIL \_\_\_\_\_ ALTERNATE E-MAIL \_\_\_\_\_

PRIMARY ADDRESS \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

**MOTHER** (OR FEMALE GUARDIAN):

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Religion \_\_\_\_\_

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

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

**FATHER** (OR MALE GUARDIAN):

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Religion \_\_\_\_\_

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

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

## 2021-2022 Religious Education Tuition and Payment

2021 – 2022 Annual Tuition and Fee Structure	
One Child	\$150.00
Two Children (\$125.00 each)	\$250.00
Three or more Children (\$100.00 each)	\$300.00
Additional Sacrament Fee for First Holy Communion (per child)	\$50.00
Additional Sacrament Fee for Confirmation (per child)	\$75.00

We welcome scholarship donations for **families in need!** Pray about it...help if you can

**NOTE: No child will be turned away for lack of funds.** If you have financial difficulties, please speak directly with the Director of Religious Education, at the time of registration, for an agreed upon payment plan.

Student	Tuition	Sacrament Fee (if applicable)	Sub Total
1.			
2.			
3.			
4.			
<b>Total due at Registration</b>			<b>\$</b>

I, \_\_\_\_\_, promise to be responsible for the full payment of the **Total Tuition Due at Registration** and understand that the **Total Tuition Balance** must be paid in full before the start of class.

I agree to pay any additional fees charged by my bank or credit card company to St. Jude Church in the event that a check is returned due to insufficient funds or my credit card is declined.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Make check payable to: ST. JUDE RELIGIOUS EDUCATION.** We also accept **Cash** and/or **Visa, MasterCard, American Express,** and **Discover** credit cards. Please complete a **Credit Card Authorization Form.**

<b>FOR OFFICE USE:</b> Date _____ Amount Paid \$ _____ Cash ___ Credit Card ___ CK # _____ Balance Due \$ _____ Tuition Installment Agreement Approved/Signed _____
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2021 - 2022

RELIGIOUS EDUCATION WAIVERS



Student(s) \_\_\_\_\_

**AUTHORIZATION FOR USE AND REPRODUCTION OF PHYSICAL LIKENESS**

I expressly grant to the Catholic Diocese of Palm Beach, its affiliated entities, agents and employees (hereinafter referred to as "the Diocese"), the right to photograph me and use my name, picture, silhouette and other reproductions of my physical likeness (as they may appear in any still camera photograph, TV commercial, video, website, motion picture film or any other medium of communication) in any promotional materials for the Diocese including but not limited to newsletters, bulletins, calendars, PowerPoint presentations, videos, websites, blogs or social networking pages. I also consent to the reproduction of any recordings of my voice and/or any instrumental, musical or other sound effects produced by me.

I further give the Diocese the ownership rights to all works, acts, plays, and appearances made by me for the Diocese.

I also release the Diocese of any claim of liability or damages that I may assert under Fla. Stat. 540.08, or any other statutory or common law claims, arising from the use or reproduction of my name, voice, likeness or other identifying characteristics.

This permission shall remain in effect unless revoked by me and communicated to the Diocese in writing. I hereby certify that I have read the foregoing and fully understand its contents and intend for it to be legally binding.

this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Authorized Parent / Guardian Signature

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**AUTHORIZATION FOR ATTENDANCE TO AGE-APPROPRIATE "SAFE ENVIRONMENTS / PROTECTING GOD'S CHILDREN" PRESENTATION**

I expressly grant permission for my child to attend the age-appropriate "Safe Environments" presentation given in compliance and in accordance with guidelines set forth by the Diocese of Palm Beach as part of the Religious Education curriculum.

This permission shall remain in effect unless revoked by me and communicated to the Religious Education Office and the Diocese in writing. I hereby certify that I have read the foregoing and fully understand its contents and intend for it to be legally binding.

\_\_\_\_\_  
Authorized Parent / Guardian Signature

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

**OTHER THAN PARENTS, THE FOLLOWING PERSON(S) ARE AUTHORIZED TO PICK UP STUDENT**

The following persons are authorized to pick up my child from Religious Education

Name of Person Authorized to pick up student	Phone Number	Relationship to Child

**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. (i.e. EMT/Paramedic, E.R. Physician).

In any event, I/we agree to hold St. Jude Parish harmless for any actions performed by their staff in assisting my/our child(ren), arising from a medical emergency.

Physician	Physician's Phone	Hospital Preference

Emergency Contact (in case parents cannot be reached)	Emergency Contact Number	Emergency Contact Relationship to Child

**MEDICAL CONDITIONS / MEDICATIONS**

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

STUDENT	MEDICAL / BEHAVIORAL CONDITIONS, ALLERGIES	MEDICATIONS	LEARNING DISABILITY

Signatures: \_\_\_\_\_ / /  
Father/Guardian Date

\_\_\_\_\_/ /  
Mother/Guardian Date