



Religious Education Program
St. Jude Catholic Church
 21689 Toledo Road – Boca Raton, FL 33433
 Phone (561) 314-1057 Fax (561) 362-0845
melanie@stjudeboca.org

Date: _____

Church Envelope # _____

Important information:

- Religious Ed classes are for Registered Parishioners Only
- Tuition, Fees and Copy of Baptism Certificate are Due at Registration
- **Class Preference** (Please check choice):
 Sundays (10:30 – 11:45AM) Wednesdays (4:45 – 6:00PM)

STUDENT INFORMATION

SCHOOL YEAR: 2018 / 2019

	Student 1	Student 2	Student 3	Student 4
NAME First / Last				
NICK NAME				
SCHOOL (2018/2019)				
GRADE (2018/2019)				
DATE OF BIRTH				
GENDER (Male/Female)				
LIVES WITH: Both parents , Custodial parents, Other				
PREVIOUS REL ED COMPLETED	Last Grade Church	Last Grade Church	Last Grade Church	Last Grade Church
SACRAMENTS ALREADY RECEIVED:	() Baptism () First Reconciliation () First Communion () Confirmation	() Baptism () First Reconciliation () First Communion () Confirmation	() Baptism () First Reconciliation () First Communion () Confirmation	() Baptism () First Reconciliation () First Communion () Confirmation

FAMILY INFORMATION: (Child's Primary Residence)

Family Last Name: _____ Home Phone () : _____

Address: _____ City: _____ Zip: _____

E-MAIL: (Please print clearly) _____ **Alternate E-MAIL:** _____

MOTHER (OR FEMALE GUARDIAN):

First Name: _____ Last Name: _____ Maiden Name: _____

Marital Status: _____ Occupation: _____ Cell: () _____ Work Phone: () _____

Address(if different): _____ City: _____ St: _____ Zip: _____

Religion: _____

FATHER (OR MALE GUARDIAN):

First Name: _____ Last Name: _____

Marital Status: _____ Occupation: _____ Cell: () _____ Work Phone: () _____

Address(if different): _____ City: _____ St: _____ Zip: _____

Religion: _____

(PLEASE COMPLETE MEDICAL RELEASE INFORMATION – OVER)

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: _____

Cell () _____ Work () _____ Home () _____

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

_____ Date: _____

Authorized Parent / Guardian Signature

RELEASE: 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____

Mr./Mrs./Ms _____

Authorized Parent / Guardian Signature

Volunteers: Do you feel led to share your Time & Talent? Our Ministry needs YOU!

Please consider volunteering in one of the following areas. Melanie Ross, Director of Religious Ed, will contact you directly. Thank you!!

Lead Teacher in class _____

Assist Teacher in class _____

Hall monitor during class _____

Office Help _____

