

PLEASE PRINT

**NEW STUDENT REGISTRATION CONFIRMATION YEAR 1 & 2  
ST. JUDE RELIGIOUS EDUCATION  
2010-2011**

**P.O. Box 3762, Tequesta, FL 33469/748-8805/www.stjudecatholicchurch.com**

Family registered at \_\_\_\_\_ Parish. Home E-Mail: \_\_\_\_\_

Name of Student: \_\_\_\_\_ M \_\_\_ F \_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Street City ST Zip

Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School Fall of 2010: \_\_\_\_\_ Grade Fall 2010: \_\_\_\_\_

My child attended religious education at St. Jude last year: Yes: \_\_\_\_\_ No: \_\_\_\_\_ If not, where did your child attend classes? Parish: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_

Grade Completed: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Religion: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work Phone \_\_\_\_\_

Religion: \_\_\_\_\_ Occupation: \_\_\_\_\_

Parents are: Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Deceased \_\_\_\_\_ Other \_\_\_\_\_

Candidate lives with: Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Shared Custody \_\_\_\_\_

**SACRAMENTAL INFORMATION** - (A copy of the Baptismal/First Communion Certificates **MUST** be submitted with Registration – Students will **not** be enrolled without Certificates.)

MONTH/DAY/YEAR CHURCH CITY STATE

Baptism \_\_\_\_\_

Reconciliation \_\_\_\_\_

Eucharist \_\_\_\_\_

**Classes for 2010-2011 (Select One):**

**Confirmation 1** \_\_\_\_\_ **Sunday: 4:00 – 5:30 p.m. or** \_\_\_\_\_

**Confirmation 2** \_\_\_\_\_ **Monday: 6:30 – 8:00 p.m.** \_\_\_\_\_

TUITION: (**PAYABLE WITH REGISTRATION**) (1 Child) \$140.00 \_\_\_\_\_

Check # \_\_\_\_\_ Cash: \_\_\_\_\_ (2 Children in

Date: \_\_\_\_\_ Confirmation Program) \$260.00 \_\_\_\_\_

(Please note Confirmation Fees are separate from Religious Education Grades 1-7.)

I would be interested in helping out in the following areas:

Teacher Aide or Sub \_\_\_\_\_ Hospitality \_\_\_\_\_ Communications \_\_\_\_\_ Other \_\_\_\_\_

I would be interested in volunteering at the 5:30 p.m. Family Mass as a: Lector \_\_\_\_\_

Eucharistic Minister \_\_\_\_\_ Band and/or Choir Member \_\_\_\_\_ Instrument \_\_\_\_\_

(Priority Deadline –June 1, 2010)

**PLEASE PRINT**

**ST. JUDE CATHOLIC CHURCH**

**Emergency Information**

**This information must be filled out by the Parent/Guardian  
and signed in the presence of a Witness.**

While your child is in our care it is important for us to have the following information.  
In case of emergency, if I am not available, please contact either of the following:

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

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

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

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ ID #: \_\_\_\_\_

Is your child taking any medication? No: \_\_\_\_\_ Yes: \_\_\_\_\_ Medications:

Explain: \_\_\_\_\_  
\_\_\_\_\_

Is there any medical information, condition or special need that we should be aware of regarding your child and his/her health? (Please explain)

\_\_\_\_\_  
\_\_\_\_\_

**Permission and Medical Treatment Waiver**

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_  
hereby give my permission for him/her to attend St. Jude religious education class or function and to  
be treated for a medical emergency in my absence while participating in the Religious Education  
program. The Director of Religious Education or Adult Supervisor may act as an agent in my absence.  
In case of an accident, I do not hold the Diocese of Palm Beach, the parish, its staff, or the adult  
chaperones responsible.

Name of Primary Care Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Father/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mother/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_