

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

(Please contact the Confirmation Office at 748-8805 for **NEW STUDENT** Registration forms.)

PLEASE PRINT

Home E-Mail: _____ Home Phone: _____

Name of Student: _____ M _____ F _____

Home Address: _____

Street

City

State

Zip

Mailing Address: (if different than above) _____

Street

City

State

Zip

School Fall of 2010: _____ Grade Fall 2010: _____

Father's Name: _____ Work Phone: _____ Cell: _____

Religion: _____ Occupation: _____

Mother's Name: _____ Mother's Maiden Name _____

Work Phone: _____ Cell: _____

Religion: _____ Occupation: _____

Parents are: Married _____ Separated _____ Divorced _____ Deceased _____ Other _____

Student lives with: Both Parents _____ Mother _____ Father _____ Shared Custody _____

Classes for 2010-2011 (Select One):

Confirmation Year 1 _____ **Sunday: 4:00 – 5:30 p.m. or** _____

Confirmation Year 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

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: _____