

RETURNING STUDENT REGISTRATION ONLY
ST. JUDE RELIGIOUS EDUCATION
2010-2011 (Grades 1 – 7)

(Please contact the DRE Office at 746-1890 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: _____ 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 will be offered on Sunday mornings only.

Grades 1 thru 7: _____ Sunday: 10:00 – 11:15 a.m.

TUITION: (PAYABLE WITH REGISTRATION)	(1 Child)	\$50.00	_____
Check # _____ Cash: _____	(2 Children)	\$100.00	_____
Date: _____	(3 or more Children)	\$120.00	_____

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

Special Projects _____ Hospitality _____ Communications _____

Prayer Team _____ Other _____

(OVER)

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 _____ do 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: _____