



St. John the Baptist Catholic Church  
2400 Mayport Rd. Jacksonville, FL 32233 (904)246-6014

## Religious Education 2024-2025: Registration

Please fill out **one form for EACH CHILD**

**K-5<sup>th</sup> Grades Wed. 6:15-7:30pm & 6-10<sup>th</sup> Grades Sun. 6:15-7:30pm**

**PLEASE PRINT CLEARLY!**

Child's full name: \_\_\_\_\_ DOB \_\_\_\_\_

Gender: M F Grade in School \_\_\_\_\_ Special needs/allergies \_\_\_\_\_

Any siblings in RE this year? \_\_\_\_\_

**Sacramental Information:** (Date & location)

Catholic Baptism: date: \_\_\_\_\_ Location: \_\_\_\_\_

Reconciliation date: \_\_\_\_\_ Location: \_\_\_\_\_

First Eucharist date: \_\_\_\_\_ Location: \_\_\_\_\_

Baptism (other Religion) date: \_\_\_\_\_ Location: \_\_\_\_\_

Please indicate if your child has received Sacraments through the RCIA for Children preparation program: date: \_\_\_\_\_ Location: \_\_\_\_\_

### Sacramental Candidates:

*Please know that the Diocese of St. Augustine and the USCCB (United States Conference of Catholic Bishops) requires a minimum of 2 years of religious classroom preparation in addition to specific Sacramental Preparation classes (and retreat) prior to a Candidate receiving a Sacrament.*



**A copy of your child's BAPTISMAL CERTIFICATE is required at registration for all Sacraments.**

Will your Child be a Candidate for a Sacrament this year? Yes/No

Sacrament: \_\_\_\_\_

Where did your child attend Religious Education Classes last (2023-2024) Year?

Parish name & location: \_\_\_\_\_

{Parent/guardian data form on back}

**Parent/Guardian Information: PLEASE PRINT CLEARLY!!!**

Father's full name: \_\_\_\_\_

Father's cell # \_\_\_\_\_ EMAIL: \_\_\_\_\_

Mother's full name: \_\_\_\_\_

Mother's cell # \_\_\_\_\_ EMAIL: \_\_\_\_\_

Child resides with (circle): **Both** **Father** **Mother** **Other** \_\_\_\_\_

Do both parents have legal access (circle): **YES** **NO** \_\_\_\_\_

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

Alternate Contact Name: \_\_\_\_\_ ph# \_\_\_\_\_

Relationship to child(ren) \_\_\_\_\_

Our Religious Education programs welcome everyone and we encourage the Great Commandment: if any behavioral situation arises with your child, we will contact you personally. Please initial \_\_\_\_\_

**Photo Permission**

I give my permission for my child's photograph to be taken during the **Religious Education Sept. 2024-6/2025** to be used only for and at St. John the Baptist Catholic Church. *Please Initial:* \_\_\_\_\_

**Emergency Medical Authorization:**

As a parent and/or guardian, I authorize the treatment of my minor child/children by a qualified and licensed medical doctor in the event of a medical emergency, which, in the opinion of the attending physician, may endanger his or her life, cause physical disability or undue discomfort if delayed. This consent is granted only after a reasonable effort has been made to reach me:

**Parent/Guardian Signature:** \_\_\_\_\_

*Is your Family Registered at St. John's? YES - NO  
If not St. John's, where are you registered: \_\_\_\_\_*

**Religious Education fees:**

1 Child-\$40.00 2 Children-\$65.00 3 (or more) children-\$90.00

**(Sacramental Preparation fee: additional \$25.00 per child per Sacrament)**

We do not turn away any child due to financial reasons/if you would like to request a fee scholarship, please sign here: \_\_\_\_\_

Total Payment\* \_\_\_\_\_ cash \_\_\_\_\_ check # \_\_\_\_\_ online: \_\_\_\_\_ Scholarship request? Y -N

\*make checks payable to: St. John's Church & write **RE** & child(ren)'s name on memo line.

**Rev. Rafael S. Lavilla, Pastor** [PAENGOSJ@gmail.com](mailto:PAENGOSJ@gmail.com)

**Samantha Matthews, Director of Religious Ed.** [SAMatthews.STJOHN@outlook.com](mailto:SAMatthews.STJOHN@outlook.com)