

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

## Religious Education 2021-2022: Registration

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

Parents with more than 1 child can just fill out one Parent Data form

### ***In Person Classes:***

***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 \_\_\_\_\_

### **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 prior to a Candidate receiving a Sacrament (St. John's will offer Confirmation Feb. 2022; so any Candidate must have attended & completed classes last year to receive this year.*

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

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

**Where did your child attend Religious Education Classes last (2019-2020) 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**

**Child's Address:** \_\_\_\_\_ city: \_\_\_\_\_

zip code: \_\_\_\_\_

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

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

**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: \_\_\_\_\_ Date: \_\_\_\_\_

***Is your Family Registered at St. John's? YES - NO***

***If not St. John's, where are you registered: \_\_\_\_\_***

***Fill out a registration form if not! (It is free & Easy!)***

**Religious Education fees:**

1 Child-\$40.00 2 Children-\$55.00 3 (or more) children-\$75.00

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

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

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

*Thank-You!*

***If your family would like to request a scholarship (fee waiver) due to ANY financial hardship reasons, please indicate here: Financial scholarship Yes/No***

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**Please sign the Medical & Photo release forms (attached) also!**

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Director of Religious Education: Samantha Matthews  
(904) 246-6014 email: [SAMatthews.STJOHN@outlook.com](mailto:SAMatthews.STJOHN@outlook.com)

**PERMISSION TO ATTEND and**  
**PARTICIPANT RELEASE OF LIABILITY AND MEDICAL INFORMATION**

**St. John the Baptist Religious Education Sept. 2021-April 2022**

Diocese of Saint Augustine

By my signature I give my child \_\_\_\_\_  
permission to attend the event identified above and do hereby release, indemnify, and hold harmless Bishop Felipe J. Estevez, personally and as Bishop of the diocese of St. Augustine, a corporation sole; the Diocese of St. Augustine; **St. John the Baptist Catholic Church**, their employees, agents, representatives, affiliates, and volunteers from any and all demands, claims, injury, medical and liability arising out of any participation while attending **Religious Education Sept. 2021-April 2022**

It is further acknowledged that this **Religious Education classes**. is being attended at our own risk, and **St. John the Baptist Catholic Church** and The Diocese of St. Augustine is not responsible for medical coverage or reimbursement of any costs.

I hereby waive any claim by the participants to a lawsuit against the Diocese of Saint Augustine or any such persons for any liability arising out of participation in this activity.

\_\_\_\_\_  
Childs Name

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

**Photo Permission**

I give my permission for my child's photograph to be taken during the **Religious Education Sept. 2021-April 2022** to be used only for and at St. John the Baptist Catholic Church.

Parent or Guardian Signature: \_\_\_\_\_

Parent's email: \_\_\_\_\_

Date: \_\_\_\_\_

## Assumption of Risk and Waiver of Liability Relating to COVID-19

The novel coronavirus (“COVID-19”) has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly through person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people. [NAME OF PARISH] has put in place preventative measures to reduce the spread of COVID-19; however, we cannot guarantee that you or your child(ren) will not become infected with COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending programs offered by the parish and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the parish may result from the actions, omissions, or negligence of myself and others, including, but not limited to, staff, coaches, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)’s attendance at any parish sponsored programming (“claims”). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless [NAME OF PARISH and the Diocese of St. Augustine, and all of their current, former, and future agents, representatives, religious and employees and related entities (collectively, “the Diocese”) of and from the claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any claims based on the actions or omissions of the Diocese, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any parish program.

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*Signature of Parent/Guardian*

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*Date*

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*Print Name of Parent/Guardian*

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*Name of Student*

