

## Religious Education 2022-2023: Registration

Please fill out **one form for EACH CHILD** attending  
Parents with more than 1 child can just fill out one Parent Data info

**Please PRINT CLEARLY:**

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

Gender: M F Grade in School \_\_\_\_\_ T-shirt size \_\_\_\_\_

Special needs/allergies \_\_\_\_\_  
\_\_\_\_\_

Any siblings in our Religious Ed program this year? Name \_\_\_\_\_

Where did your child attend Religious Education Classes last (2021-2022) Year?  
Parish name & location: \_\_\_\_\_

Sacramental Information: (Date & location)

**Catholic Baptism:** Date: \_\_\_\_\_ Location: \_\_\_\_\_

*(Copy of Baptismal Certificate required for all Baptisms not at St. John's)*

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

Baptism (other Faith) 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 continuous (back-to-back) 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. 2024; so any Candidate must attend classes this year & next year (2022-24)

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

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

Will your child be a Candidate for RCIA this year (over age 7 and NOT-Baptized yet? YES NO

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:** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Alternate Contact Name:** \_\_\_\_\_

**Phone#** \_\_\_\_\_ **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 NO, Parish where you registered: \_\_\_\_\_

If not registered anywhere, register here @St. John's Fill out a registration form (It is free & Easy!)

Religious Education fees:

1 Child-\$40.00    2 Children-\$60.00    3(or more) children-\$80.00  
(Sacramental Preparation fee: additional \$25.00 per child per Sacrament) Total

Payment\* Cash \_\_\_\_\_ Check # \_\_\_\_\_ Date: \_\_\_\_\_

\*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)

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Celebrating 750 Years  
So That They May All Be One

## Assumption of Risk and Waiver of Liability Relating/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. [St. John's 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 [St. John's 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, omissions, or negligence 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(s)

(Turn over to complete)



## Diocese of St. Augustine

Catholic Center

11625 Old St. Augustine Road

Jacksonville, Florida 32258

(904) 262-3200

### Child Photography Release Form

Without compensation, I hereby grant permission to the Catholic Diocese of St. Augustine to use and reproduce photographs and/or video taken of my child. These photographs may be used for news and editorial purposes in publications and other electronic reproductions (websites and video, including livestream) and/or brochures. In addition, I grant my permission to alter the same photos without restriction and to copyright the same. I hereby release the photographer, the journalists and the publications or media outlets they represent, as well as, the parish/church and/or school involved, the Bishop of the Diocese of St. Augustine, a corporation sole, the Catholic Diocese of St. Augustine and all of their employees and agents, from all claims and liability relating to said photographs.

**Child(ren)'s Name (Printed):**

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**Parent or Guardian Signature:**

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

Printed name

**Telephone:** \_\_\_\_\_

**Email:** \_\_\_\_\_