



## St. John the Baptist Catholic Church

2400 Mayport Rd. Jacksonville, FL 32233 (904)246-6014

# Religious Education 2023/2024: Registration

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

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

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

**PLEASE PRINT CLEARLY!**

Child's Full Name: \_\_\_\_\_

DOB \_\_\_\_\_ Gender: M F Grade in School \_\_\_\_\_

Special Needs/Allergies \_\_\_\_\_

Any siblings in RE this year? **Yes/No**

Names: \_\_\_\_\_

### **Sacramental Information:**

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 (2022/2023) 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:** \_\_\_\_\_

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

**Photo Permission**

I give my permission for my child's photograph to be taken during the **Religious Education Sept 2023—June 2024** to be used only for and at St. John the Baptist Catholic Church.

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

**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-\$55.00 3+ Children-\$85.00**

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

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

If your family would like to request a scholarship (fee waiver) due to ANY financial hardship reasons, please indicate here:

**Financial scholarship (circle one) Yes / No**

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

**Rev. Rafael S. Lavilla, Pastor**

[PAENGOSJ@gmail.com](mailto:PAENGOSJ@gmail.com)

**Samantha Matthews, LEM Director of Religious Education**

[SAMatthews.STJOHN@outlook.com](mailto:SAMatthews.STJOHN@outlook.com) (904)246-6014



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The Catholic Church of North Florida