**St. John the Baptist Catholic Church**

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

**Religious Education 2025-2026: Registration**

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

***PreK(4)- Sundays 10-11am* & *Kindergarten-10th Grades Sun. 5:00-6:15pm***

**NOTE: If your family is not registered at St. John’s, your children must attend the parish Religious Education program at your parish.**

**If you are not registered anywhere, please fill out a St. John’s Registration form. Thank-you! Registered @ St. John’s YES NO\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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 (R)OCIA for Children preparation program: date: \_\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sacramental Candidates:**

*****Please note 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.* ***All formation must be completed at REGISTERED PARISH.*** *Thank-you!*

***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 (2024-2025) 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 **Religious Education Sept. 2025-6/2026** 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? Y – N If not, 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. Anthony Bonela** abonela@stjohnsab.org

**Samantha Matthews,** Director of Christian Formation SAMatthews.STJOHN@outlook.com