



St. Monica Catholic Church

114 South 4th Street
 Palatka, FL 32177
 E-Mail: office@stmonicacatholicchurch.com
 Website: Stmonicacatholicchurch.com

Phone: 386-325-9777
 Fax: 386-329-1960



RELIGIOUS EDUCATION – CCF

REGISTRATION FORM – ACADEMIC YEAR 2020-2021

PLEASE USE THIS FORM FOR ALL STUDENTS PRE-K THROUGH 5TH GRADE CCF
 AND YOUTH 6th grade through 12th

Family Name: _____ Home Telephone: _____
 Address: _____ Cell: _____
 Mother: _____ Father: _____ Email: _____

As a parent, I/we will participate in the Religious Education Program in the following areas:

- Catechist (certification required)
- Classroom Aide (certification required)
- Special Events
- Other _____

Child's Name	Date	School	Grade	Bapt.	First	First	Place of	CCF/Youth
First, Middle Initial, Last	of Birth				Recon.	Comm.		

Sacramental Preparation Classes

Preparation classes take two years to complete, If your child was not baptized at St. Monica Catholic Church, Palatka, Please Furnish a copy (not the original) of Baptismal Certificate at time of registration.

Special Needs

Please use the back of this form to explain any special needs your child(ren) may have.

PARISH RELIGIOUS EDUCATION REGISTRATION FEE

1 Child - \$25 2 Children - \$40 3 or more Children - \$50

Scholarships available

SAFTY

We will seek to ensure that young people in our care are nurtured and cared for in a safe environment and are protected from any potential harm.

Strategies, policies, and procedures are in place to ensure the physical, psychological, sexual and spiritual safety of young people within our care. Youth leaders are aware of our policies and have been background checked and have gone through safety training per the Diocese.

MEDICAL

DETAILS OF ANY REGULAR MEDICATION

DETAILS OF ANY ILLNESS WE NEED TO KNOW ABOUT (EG DIABETES, ASTHMA)

DETAILS OF ALLERGIES

DETAILS OF CONCERNS THAT COULD INFLUENCE PARTICIPATION (EG WATER/HEIGHT/OPEN SPACES)

DETAILS OF DIETARY REQUIREMENTS

PARENTAL CONSENT

Medical Consent

I grant permission, if my young person is in need, for a group leader who has a current first aid certificate to provide first aid.

Photo Media Release / Social Media

Without compensation, I hereby grant permission to the Catholic Diocese of Saint Augustine to use and reproduce photographs taken of me or my child. These photographs may be used for news and editorial purposes in publications, video, electronic reproductions (websites) 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 Catholic Diocese of Saint Augustine from all claims and liability relating to the said photographs.

Driving

I grant permission for youth leaders to drive my young person in vehicles provided they have a current registration, WOF and the driver has a clean full license.

SIGNATURE

DATE

YOUTH AGREEMENT

[I agree to participate in Parish Life, the Religious Education Program and to attend weekend Mass with my parent/guardian](#)

I agree that while attending CCF/ youth group I will:

1. Respect other young people.
2. Respect leaders and volunteers
3. Respect Church values
4. Respect the property.
5. Respect myself (e.g. I will not be under the influence of illegal drugs or alcohol)
6. Follow all rules and participate to the best of my ability

SIGNATURE

DATE