

2020-2021 Student Registration Form
San Juan del Rio Catholic Church
Religious Education Program

For Office Use Only

Date Received: _____

Check #: _____

Amount: _____

Assessment Test:

Date Given: _____

Date Received: _____

Registered Parishioner of SJDR? Yes No

Family Name: _____

Father Name: _____

Mother Name: _____

Maiden Name: _____

Marital Status: Married Single Separated Divorced Widowed

Child Custody: Father Mother Both Legal Guardian (documentation required)

Contact Information: **SMS text messaging is for emergency purposes only. You must have authorized SMS text messaging with your cell phone carrier. Your cell phone carrier may charge you a for this service**

Home Phone: ____/____ - ____

Father Cell: ____/____ - ____ Authorize SMS Text Messaging (Carrier _____)

Father Work: ____/____ - ____

Father Email Address: _____

Mother Cell: ____/____ - ____ Authorize SMS Text Messaging (Carrier _____)

Mother Work: ____/____ - ____

Mother Email Address: _____

Home Address: _____

Emergency Contact: List an **additional adult** contact in the event the parent/guardian is not available

Name: _____

Home Phone: ____/____ - ____ Cell Phone: ____/____ - ____

*****We require proof of Baptism and, if applicable, First Communion for all registered students. Please provide these important documents with your registration, if your family is new to our program or you haven't done so already. If you are unsure, please contact the Religious Education office for verification. *****

Student Information: Homeschool: Yes No

Blended: Yes No

1st Child Name: _____ M F Date of Birth: _____ Grade _____

Attended SJDR PREP or SJDR School last year: Yes No If not, where: _____

Sacraments Received: Baptism Reconciliation First Communion Confirmation

Does Student have Special Needs/Learning Disabilities: Yes or No

If so, please complete Adaptive Parent Questionnaire

Please List any Student Allergies or Medical Conditions: _____

2nd Child Name: _____ M F Date of Birth: _____ Grade _____

Attended SJDR PREP or SJDR School last year: Yes No If not, where: _____

Sacraments Received: Baptism Reconciliation First Communion Confirmation

Does Student have Special Needs/Learning Disabilities: Yes or No

If so, please complete Adaptive Parent Questionnaire

Please List any Student Allergies or Medical Conditions: _____

3rd Child Name: _____ M F Date of Birth: _____ Grade _____

Attended SJDR PREP or SJDR School last year: Yes No If not, where: _____

Sacraments Received: Baptism Reconciliation First Communion Confirmation

Does Student have Special Needs/Learning Disabilities: Yes or No

If so, please complete Adaptive Parent Questionnaire

Please List any Student Allergies or Medical Conditions: _____

(If more children, please attach an addition registration form)

Choice of Sessions: Please circle your 1st, 2nd, and 3rd session choices. Marking only one choice will not guarantee assignment to that class session. **Classes are subject to cancellation, if catechists are not available to teach the class. All children in family will be placed in the same session, unless we are advised otherwise.**

Choice	Class Session	Time	Classes for
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	Sunday	3:30 - 4:45 PM	Grades K thru HS Confirmation Year 1
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	Wednesday Early	4:30 - 5:45 PM	Grades K thru Grade 8
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	Wednesday Late	6:30 – 7:45 PM	Grades 1 thru Grade 8

Receiving the sacrament of 1st Communion and Confirmation in the Diocese of St. Augustine requires 2 consecutive years of preparation. Please list children who you expect to receive a sacrament in the 2020-2021 school year. Any child new to the SJDR Religious Education program, but you expect to receive a sacrament this year, please know that we require written documentation from your previous parish of the child's satisfactory completion of their 1st year preparation for the sacrament.

Child Name: _____ Sacrament: 1st Communion Confirmation

Child Name: _____ Sacrament: 1st Communion Confirmation

Fee Information: The fees below reflect the quality program that we offer, however the religious education of your child(ren) is our primary concern and is not meant to prohibit anyone from attending our program. Financial accommodations are available. Please contact the Religious Education office at (904) 287-2801 for more information.

	Early Registration Parishioner Rate (6/1/20-7/31/20)	Regular Registration Parishioner Rate (begins 8/1/20)	Non-Parishioner Rate
1 st Child	\$125	\$140	\$225
2 nd Child	\$ 75	\$75	\$125
3 or more (family max.)	\$275	\$290	\$475
Sacramental Prep Fee	\$ 25 (per child receiving a sacrament)	\$ 25 (per child receiving a sacrament)	\$ 25 (per child receiving a sacrament)

Sharing Your Time & Talent: *(Adults Only – Tuition Waivers may be available)*

Volunteer Name	I am interested in becoming – Check (v) all that apply
	<input type="checkbox"/> Primary Catechist (previous teaching experience: <input type="checkbox"/> Yes <input type="checkbox"/> No) <input type="checkbox"/> Assistant Catechist (previous teaching experience: <input type="checkbox"/> Yes <input type="checkbox"/> No) <input type="checkbox"/> Substitute Catechist (previous teaching experience: <input type="checkbox"/> Yes <input type="checkbox"/> No) <input type="checkbox"/> Office Volunteer (times/days available: _____) <input type="checkbox"/> Gate Security <input type="checkbox"/> Sac. Prep Volunteer (assist with First Communion/Confirmation Receptions)

PLEASE NOTE: We require all PREP parents to complete a combined minimum of 10 hours of service per family to the parish. Please see the Parent-Student Handbook for details.

Acknowledgements:

- I (we) have read the **2020-2021 Parent-Student Handbook** for the Religious Education Program and agree to comply with its policies.
- Photograph Release** as stated on page 24 of **2020-2021 Parent-Student Handbook** **(please initial one):**

Approval _____ Optout: _____

- I (we) have read the **DOSA Assumption of Risk and Liability Waiver Relating to COVID-19** as stated on page 27 of the **2020-2021 Parent-Student Handbook**. **Please initial:** _____

Parent/Guardian Printed Name: _____

Signature: _____

Parent/Guardian Printed Name: _____

Signature: _____