

**2021-2022 Student Registration Form**  
**San Juan del Rio Catholic Church –**  
**Religious Education Program**

**Registered Parishioner of SJDR?**  Yes or  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:** \_\_\_\_\_

**\*\*\*If your family is on Facebook, please join our [San Juan del Rio PREP Facebook page](#) for PREP updates throughout the year.\*\*\***

**\*\*\*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.\*\*\***

**For Office Use Only**

Date Received: \_\_\_\_\_

Check #: \_\_\_\_\_

Amount: \_\_\_\_\_

**Assessment Test:**

Date Given: \_\_\_\_\_

Date Received: \_\_\_\_\_

**Student Information:**

**Homeschool Family:**  Yes or  No

**1<sup>st</sup> Child Name:** \_\_\_\_\_ M / F \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade \_\_\_\_\_

Attended SJDR PREP or SJDR School last year: Yes or 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:** \_\_\_\_\_

**2<sup>nd</sup> Child Name:** \_\_\_\_\_ M / F \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade \_\_\_\_\_

Attended SJDR PREP or SJDR School last year: Yes or 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:** \_\_\_\_\_

**3<sup>rd</sup> Child Name:** \_\_\_\_\_ M / F \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade \_\_\_\_\_

Attended SJDR PREP or SJDR School last year: Yes or 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 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> 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
1   2   3	Sunday	3:15 - 4:45 PM	Grades K thru HS Confirmation Year 2
1   2   3	Wednesday Early	4:15 - 5:45 PM	Grades K thru Grade 8
1   2   3	Wednesday Late	6:15 – 7:45 PM	Grades 1 thru Grade 8

Receiving the sacrament of 1<sup>st</sup> 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 1<sup>st</sup> year preparation for the sacrament.

Child Name: \_\_\_\_\_ Sacrament: 1<sup>st</sup> Communion \_\_\_\_\_ Confirmation \_\_\_\_\_

Child Name: \_\_\_\_\_ Sacrament: 1<sup>st</sup> 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.

	<b>Early Registration Parishioner Rate (6/1/21-7/31/21)</b>	<b>Regular Registration Parishioner Rate (begins 8/1/21)</b>	<b>Non-Parishioner Rate</b>
1 <sup>st</sup> Child	\$125	\$140	\$225
2 <sup>nd</sup> 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)*

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

**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 **2021-2022 Parent-Student Handbook** for the Religious Education Program and agree to comply with its policies.
- Photograph Release** as stated on page 24 of **2021-2022 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 **2021-2022 Parent-Student Handbook**. **Please initial:** \_\_\_\_\_

**Parent/Guardian Printed Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Parent/Guardian Printed Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_