

**ST. JOHN THE EVANGELIST CHURCH**  
**RELIGIOUS EDUCATION PROGRAM**  
 10300 Yamato Road  
 Boca Raton, FL 33498  
 (561) 488-1373 \* Fax (561) 488-5562  
**2019 / 2020**

**(PLEASE PRINT CLEARLY) PARISH MEMBER (using SJE envelopes regularly)**

**ENVELOPE #**

**Tuition at** \$ 150.00 (Child #1)  
**Registration:** \$ 100.00 (Child #2)  
 \$ 80.00 (Child #3)

If you need assistance with tuition, please contact Marge at the above phone number .

**A copy of child's Baptismal Certificate MUST accompany registration form, if not on file.**

\$ 25.00 extra (First Communion Sacramental Fee - for 2<sup>nd</sup> Grade & Special Sacrament Class)  
 \$ 50.00 extra (Confirmation Sacramental Fee – for 8<sup>th</sup> Grade)

**MAKE CHECK PAYABLE TO: ST. JOHN THE EVANGELIST CHURCH**  
 ALL FEES ARE **NON-REFUNDABLE** AFTER DECEMBER 1, 2019

**FAMILY INFORMATION (Primary residence – for mailing purposes)**

Family Last Name: \_\_\_\_\_ Home Phone:( ) \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

E-MAIL (Print Clearly) \_\_\_\_\_

**MOTHER:**

First Name: \_\_\_\_\_ Last: \_\_\_\_\_ Maiden: \_\_\_\_\_  
 Marital Status: \_\_\_\_\_ Occupation: \_\_\_\_\_ Work Phone #:( ) \_\_\_\_\_  
 Address (if different): \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Religion: \_\_\_\_\_ Cell Phone #: ( ) \_\_\_\_\_ h

**FATHER:**

First Name \_\_\_\_\_ Last: \_\_\_\_\_  
 Marital Status: \_\_\_\_\_ Occupation: \_\_\_\_\_ Work Phone #: ( ) \_\_\_\_\_  
 Address (if different): \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Religion: \_\_\_\_\_ Cell Phone #:( ) \_\_\_\_\_

**STUDENT INFORMATION**

STUDENT 1

STUDENT 2

STUDENT 3

<b>NAME:</b> First/ Last (if different from family name)			
<b>GRADE-2019-2020</b>			
<b>SCHOOL ATTENDING</b>			
<b>GENDER (Male/Female)</b>			

<b>DATE OF BIRTH</b>			
<b>CUSTODY / LIVES WITH:</b>			
<b>PREVIOUS REL. ED. GRADE</b>			
PLEASE CHECK <b>SACRAMENTS YOUR CHILD HAS <u>ALREADY RECEIVED</u></b>	<input type="checkbox"/> Baptism <input type="checkbox"/> 1 <sup>st</sup> Penance <input type="checkbox"/> 1 <sup>st</sup> Communion <input type="checkbox"/> Confirmation	<input type="checkbox"/> Baptism <input type="checkbox"/> 1 <sup>st</sup> Penance <input type="checkbox"/> 1 <sup>st</sup> Communion <input type="checkbox"/> Confirmation	<input type="checkbox"/> Baptism <input type="checkbox"/> 1 <sup>st</sup> Penance <input type="checkbox"/> 1 <sup>st</sup> Communion <input type="checkbox"/> Confirmation

**CLASS SCHEDULE (INDICATE FIRST AND SECOND CHOICE FOR EACH CHILD)**

TUES. - 4:00PM- 5:15PM grades 1 through 5 \_\_\_\_\_ WED. 5:15PM - 6:30 PM Grades 1 and 2 \_\_\_\_\_  
 TUES. - 6:30PM-7:45PM grades 1 through 8 \_\_\_\_\_ WED. 7:00PM –8:15PM – Grades 7, 8 \_\_\_\_\_  
 \* Special Sacrament \_\_\_\_\_

**PLEASE NOTE: GRADES 1, 2, 7 and 8 are SACRAMENTAL PREPARATION CLASSES**

**\*THE SPECIAL SACRAMENT CLASS IS THE SECOND YEAR OF PREPARATION FOR OLDER STUDENTS**

**MEDICAL RELEASE / EMERGENCY INFORMATION**

**Parent or Guardian Authorization:**

In case of **emergency**, if family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel. (i.e. EMT/Paramedic, E.R. Physician) In any event, I/we agree to hold St. John the Evangelist Parish harmless for any actions performed by their staff in assisting my/our child(ren), arising from a medical emergency.

Family Physician: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

**Whom should we contact in case of emergency, if we cannot reach you?**

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home Phone: (     ) \_\_\_\_\_ Cell Phone: (     ) \_\_\_\_\_

**Please list any allergies/medical problems, behavioral issues, including those requiring maintenance medication. (i.e. Diabetic, Asthma, ADD, ADHD, Autism, Dyslexia, Seizure Disorder, Allergies, etc.)**

Name of Child	Medical Diagnosis / Behavioral Conditions	Medications Being Taken

Mr./Mrs./Ms. \_\_\_\_\_ Date \_\_\_\_\_

**Authorized Parent / Guardian Signature**

I understand that my child's attendance at each class is vital to his/her faith development and that no more than three(3) absences are allowed during the school year. In the event that my child is absent more than three (3) times I understand and accept that he/she may have to pass a final exam or repeat the year.

I also agree to attend Mass with my child(ren) on a regular basis as I understand that this is fundamental to their faith development.

Mr./Mrs./Ms. \_\_\_\_\_

Do you give permission for your child to be photographed for possible publication in the Parish Bulletin and/or Parish Directory YES \_\_\_\_\_ NO \_\_\_\_\_

Mr./Mrs./Ms. \_\_\_\_\_

OFFICE USE ONLY: GRADE PLACEMENT \_\_\_\_\_

Fee Paid \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_ Date Pd. \_\_\_\_\_ Bapt. Cert. Rec'd \_\_\_\_\_