

**ST. JOHN THE EVANGELIST CHURCH  
RELIGIOUS EDUCATION PROGRAM**

10300 Yamato Road  
Boca Raton, FL 33498

(561) 488-1373 \* Fax (561) 488-5562 \*Email: religiousdstjohn@gmail.com

**2022 / 2023**

**(PLEASE PRINT CLEARLY)**

**PARISH MEMBER** (using SJE envelopes regularly)

**ENVELOPE #**  
**TUITION**  
**\$150.00 one child**  
**250.00 two children**  
**\$330.00 three children or more**

Sacramental fees: \$ 50.00 (First Communion Sacramental Fee - for 2<sup>nd</sup> Grade & Special Sacrament Class)  
\$75.00 (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, 2022

**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 #: ( ) \_\_\_\_\_

**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>FIRST NAME:</b> Last (if different from family name)			
<b>GRADE-2022-2023</b>			
<b>SCHOOL ATTENDING</b>			
<b>GENDER</b> (Male/Female)			

<b>DATE OF BIRTH</b>			
<b>CUSTODY / LIVES WITH:</b>			
<b>PREVIOUS REL. ED. GRADE</b>			
<b>PLEASE CHECK 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

**A COPY OF YOUR CHILD'S BAPTISMAL CERTIFICATE MUST ACCOMPANY THIS FORM.**

## RELIGIOUS EDUCATION 2022-2023 CLASS SCHEDULE

PLEASE INDICATE YOUR FIRST AND SECOND CHOICE OF CLASS DAY AND TIME WHERE APPLICABLE.

Classes are offered for all grade levels on Tuesday. Wednesday classes are offered for the sacramental preparation classes only.

### GRADE 1 (PRE-COMMUNION)

Tuesday 4:00 pm - 5:15 pm

Tuesday 6:30pm – 7:45 pm

Wednesday 5:15 pm – 6:30 pm

### GRADE 2 (FIRST COMMUNION)

Tuesday – 4:00 pm – 5:15 pm

Tuesday - 6:30 pm - 7:45 pm

Wednesday – 5:00 pm – 6:15 pm

### GRADE 3 and 4

Tuesday – 4:00 pm – 5:15 pm

Tuesday – 6:30 pm – 7:45 pm

### GRADE 5 and 6 -

Tuesday 6:30 pm – 7:45 pm

### GRADES 7 AND 8 (CONFIRMATION 1 & 2)

Tuesday – 6:30 pm – 7:45 pm - Confirmation 1 \_\_\_\_\_ Confirmation 2

Wednesday 7:00 pm– 8:15 pm - Confirmation 1 \_\_\_\_\_ Confirmation 2

SPECIAL SACRAMENT – (Older Communion) Wednesday – 7:00 – 8:15 ONLY

**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. (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

**IMPORTANT: PLEASE READ. Do we have your permission to photograph/video your child during any Church activity and use for the parish bulletin or web page? YES \_\_\_\_\_ NO \_\_\_\_\_**

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 children on a regular basis as I understand that this is fundamental to their faith development. I understand that St. John the Evangelist, as part of the Diocese of Palm Beach, has permission to present to my child a class on the topic of Safety as part of the commitment the Diocese has to protect all children of God.

I have read and understand this page regarding medical emergencies, class attendance and photography/videographer.

**Authorized Parent/Guardian Signature**

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

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

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