

ST. JOHN THE EVANGELIST CHURCH
RELIGIOUS EDUCATION PROGRAM
 10300 Yamato Road
 Boca Raton, FL 33498
 (561) 488-1373 * Fax (561) 488-5562
2020 / 2021

(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.

\$ 50.00 extra (First Communion Sacramental Fee - for 2nd Grade & Special Sacrament Class)
 \$75.00 extra (Confirmation Sacramental Fee – for 8th Grade)

MAKE CHECK PAYABLE TO: ST. JOHN THE EVANGELIST CHURCH
 ALL FEES ARE NON-REFUNDABLE AFTER DECEMBER 1, 2020

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

NAME: First/ Last (if different from family name)			
GRADE-2020-2021			
SCHOOL ATTENDING			
GENDER (Male/Female)			

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

RELIGIOUS EDUCATION 2020-2021 CLASS SCHEDULE

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

GRADE 1 – ONLINE PROGRAM

GRADE 2 (FIRST COMMUNION)

Tuesday – 4:00 pm – 5:15 pm _____

Tuesday - 6:30 pm - 7:45 pm _____

Wednesday – 5:00 – 6:15 pm _____

GRADE 3 – 4:30 pm. Taught by catechist using Zoom

GRADES 4, 5 and 6 Tuesday – 6:30 pm Taught by catechist using Zoom

GRADE 7 – ONLINE PROGRAM

GRADE 8 (CONFIRMATION 2)

Tuesday – 6:30 pm – 7:45 pm _____

Wednesday 7:00 pm– 8:15 pm _____

SPECIAL SACRAMENT – Wednesday – 7:00 – 8:15 ONLY

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 _____