



**St. John the Apostle Catholic Church  
Religious Education**

**Registration Form (2023- 2024)**

**Catechism Program your child is enrolling in:**

- |  |                          |                                     |                          |
|--|--------------------------|-------------------------------------|--------------------------|
| First Communion Pre-K                  | <input type="checkbox"/> | Pre- Confirmation                   | <input type="checkbox"/> |
| First Communion (1 <sup>st</sup> Year) | <input type="checkbox"/> | Confirmation (1st Year)             | <input type="checkbox"/> |
| First Communion (2 <sup>nd</sup> Year) | <input type="checkbox"/> | Confirmation (2 <sup>nd</sup> Year) | <input type="checkbox"/> |
| Holy Helpers of Christ*                | <input type="checkbox"/> |                                     |                          |

\* Is a class designed for any child younger than 17 years of age who would like to be part of the St. John the Apostle family which will deepen their faith while serving God.

**\*\* You may fill out this form online by clicking on the PDF and inputting the information in the document, then you can save in your computer and send to us via the email address: [sjacatechesiskids@gmail.com](mailto:sjacatechesiskids@gmail.com). Remember to place your child's name in the subject line\*\*.**

**Student Information:**

Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 D.O.B: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: Male  Female

Preferred Language: \_\_\_\_\_ School: \_\_\_\_\_

Email (Optional) \_\_\_\_\_ Cell (Optional) \_\_\_\_\_

\_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Any siblings in Religious Education/CCD Program? Name: \_\_\_\_\_

**Has the student attended Religious Education classes or a Catholic School this past year?**

Yes  or No  - If yes, where? \_\_\_\_\_ Years attended: \_\_\_\_\_

**Sacraments Received:**

Sacrament	Church	City, State	Date
Baptism			
Communion			
Confirmation			

If your child received a sacrament in another parish, we need a copy of the certificate. If he/she is not baptized both parents and/or legal guardians must provide written consent on an additional form which we will provide.

List any medical conditions including allergies or learning challenges (special needs):

\_\_\_\_\_  
 \_\_\_\_\_

**Parent or Legal Guardian's Contact Information:**

*Best contact email to receive notifications from us:*

*Best contact phone number:*

\_\_\_\_\_

**Mother's Name:**

\_\_\_\_\_

First Name Last Name Mother's Email

Mother's Phone Number: \_\_\_\_\_ Parishioner number: \_\_\_\_\_

**Father's Name:**

\_\_\_\_\_

First Name Last Name Father's Email

Father's Phone Number: \_\_\_\_\_ Parishioner number: \_\_\_\_\_

**If you are not a member of St. John the Apostle parish or have never registered, please register in our Parish so that we can add your child to the CCD program.**

**Parent's Marital Status:**  Married  Separated/Divorced  Widowed  Single

**Student's live with:**  Both Parents  Mom  Dad

If your child does not live with both parents, an original signed and notarized document is required before class starts.

**Emergency Contact Information (other than Parents) and in order of priority.**

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Tel No.: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Tel No.: \_\_\_\_\_

**List the names of the authorized adults who will pickup the child on class days (as it appears on their identification):**

1. Name: \_\_\_\_\_

2. Name: \_\_\_\_\_

3. Name: \_\_\_\_\_

**List the names of any person NOT allowed to pick up your child:**

Name: \_\_\_\_\_

**Volunteering:**

**Our program functions because of wonderful volunteers. If you can volunteer, please check what interests you below. Please note that is it involves contact with the kids and the Archdiocese of Miami requires you to be fingerprinted and VIRTUS trained:**

Catechist  Assistant Catechist  Arriving and Dismissing Helper  Take Home Projects  Other \_\_\_\_\_

**Parent Commitment:**

Yes, as a parent enrolling my child in Religious Education, I commit to attend the (8) parent formation meetings during each year.

**Safe Environment Program:** Teaching children to protect themselves is part of the mandate of the Charter for Protection of Children and Young People adopted by the United States conference of Catholic Bishops in June, 2002. During the school year we will teach two lessons for all grades. These sessions are merely to reinforce what you teach at home. Materials for parents are available in Religious Education Office and at <http://www.virtualonline.org/mypage/exploringvirtus.cfm>.

Yes, my child may attend the Safe Environment lessons.

No, my child may not attend the Safe Environment lessons.

