



# St. John the Apostle Catholic Church Religious Education Registration Form (2024-2025)

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

- |  |                          |                                     |                          |                     |                          |
|--|--------------------------|-------------------------------------|--------------------------|---------------------|--------------------------|
| First Communion Pre-K                  | <input type="checkbox"/> | Pre- Confirmation                   | <input type="checkbox"/> | Baptism             | <input type="checkbox"/> |
| First Communion (1 <sup>st</sup> Year) | <input type="checkbox"/> | Confirmation (1st Year)             | <input type="checkbox"/> | Profession of Faith | <input type="checkbox"/> |
| First Communion (2 <sup>nd</sup> Year) | <input type="checkbox"/> | Confirmation (2 <sup>nd</sup> Year) |                          |                     |                          |
| 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 scanning the QR code above or going to the church website under the Sacraments tab. Please fill out the form completely, save and send it to us via the email address at: [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: \_\_\_\_\_  
 \_\_\_\_\_  
 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  o 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:**

\_\_\_\_\_ 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 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

**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.

**At St. John's Parish, we recognize that some children have special needs,** and we are pleased to offer methods to accommodate these students and prepare them to receive their sacrament. "All persons with disabilities have the capacity to proclaim the Gospel and to be living witnesses to its truth within the community of faith and offer valuable gifts. The life of the parish is enriched by their participation." - **National Directory for Catechesis**

**Please initial the below:**

\_\_\_\_\_ **CONSENT AND LIABILITY WAIVER:** I, as a parent or guardian of my child(ren), do hereby agree to allow my child(ren) to participate in the Religious Education of St. John the Apostle Parish (Hialeah, FL) which will include weekly classes, retreats and other activities. I, the undersigned, do waive and release St. John the Apostle Parish and its Religious Education Program, the Archdiocese of Miami, Inc., order of the Pious Schools (Piarists) and all of their corporate members, affiliated entities, employees, officers, directors, and agents (“Sponsors”) from liability for any injury, accident, or damages caused by any vehicle, weather, sickness, or otherwise stemming from any act of omission of any individual. Furthermore, I on behalf of the participant, hereby assume all risk of personal injury, death, damage, and expenses resulting from said participant’s involvement in the above-described events. I also release Sponsors and agree to indemnify them with regard to any financial obligations incurred by the acts or omissions of my child(ren).

\_\_\_\_\_ **PHOTOGRAPH AND/OR VIDEOTAPE CONSENT AND RELEASE:** I hereby grant to Sponsor the right to photograph and/or videotape my child(ren) and further to use his/her appearance in connection with exhibitions, publicity, advertising and promotional materials without any reservation, limitation, or in consideration. This waiver specifically releases any common law cause of action or claims under Fla. Stat. 5408.08 and expressly constitutes written consent for publication of my child(ren)’s name, face, likeness, voice and appearance. I agree that if any portion of this document is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

\_\_\_\_\_ **AGREEMENT FOR SACRAMENT PREPARATION:** By enrolling my child(ren) in this Religious Education Program, I acknowledge that 2 years of preparation are required to receive a sacrament. During these two years, I understand that my son/daughter will not be able to receive his/her sacrament if he/she is absent more than five (5) times each year. First year of preparation for first communion is required to attend the first reconciliation retreat. Confirmation year is required to attend the pilgrimage and the retreat.

\_\_\_\_\_ **I hereby understand and agree with the policies and requirements of St. John the Apostle Catholic Church Religious Education as explained in this Registration Form.**

\_\_\_\_\_ **I acknowledge that I read the Parent’s Handbook and agree to abide by its contents.**

\_\_\_\_\_  
**Mother or Legal Guardian’s Printed Name**

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

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Father or Legal Guardian’s Printed Name**

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

\_\_\_\_\_  
**Date**

Donation per year is \$85. You can donate through the church website. Go to donate and locate under the Form tabs Religious Education/CCD and remember to place your child’s name or click this link: <https://giving.parishsoft.com/app/giving/sjahialeah>.

<b>OFFICE USE ONLY: INITIALS:</b> _____ <b>Date:</b> _____ <b>Paid in Full:</b> _____	<b>Form of Payment:</b> _____ <b>Payment Plan:</b> _____
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**“We are sons and daughters of God, beloved of God, in whom God is pleased and wants to dwell”.**

**Father Oscar Alonso, Sch.P.**