

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

10300 Yamato Road
Boca Raton, FL 33498

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

2023 / 2024

(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 2nd Grade & Special Sacrament Class)
\$75.00 (Confirmation Sacramental Fee – for 8th Grade)

MAKE CHECK PAYABLE TO: **ST. JOHN THE EVANGELIST CATHOLIC CHURCH**
ALL FEES ARE NON-REFUNDABLE AFTER DECEMBER 1, 2023

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

FIRST NAME: Last (if different from family name)			
GRADE-2023-2024			
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

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

RELIGIOUS EDUCATION 2023-2024 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 4:45 pm – 6:00 pm

GRADE 2 (FIRST COMMUNION)

Tuesday – 4:00 pm – 5:15 pm

Tuesday - 6:30 pm - 7:45 pm

Wednesday – 4:45 pm – 6:00 pm

GRADE 3 and 4

Tuesday – 6:30 pm – 7:45 pm

GRADE 5 and 6 -

Tuesday 6:30 pm – 7:45 pm

GRADE 7 - Confirmation 1

Tuesday – 6:30 pm – 7:45 pm

Wednesday 7:00 pm– 8:15 pm

GRADE 8 - Confirmation 2

Tuesday – 6:30 p.m.- 7:45 p.m.

Wednesday – 7:00 p.m. – 8:15 p.m.

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 _____