

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

10300 Yamato Road

Boca Raton, FL 33498

(561) 488-1373 \* Fax (561) 488-5562 \*Email: sjreligious@stjohnevangelistbr.org

**2024 / 2025**

**(PLEASE PRINT CLEARLY)**

**PARISH MEMBER (using SJE envelopes regularly) ENVELOPE # \_\_\_\_\_**

**TUITION**

**\$150.00 one child**

**\$250.00 two children**

**\$350.00 three children or more**

**LATE FEE OF \$50.00 WILL BE CHARGED FOR REGISTRATIONS RECEIVED AFTER AUGUST 30, 2024**

**Sacramental fees: \$ 50.00 (First Communion Sacramental Fee - for 2<sup>nd</sup> Grade (Communion) & Special Sacrament Class)  
\$ 75.00 (Confirmation Sacramental Fee – for 8<sup>th</sup> Grade (Confirmation II))**

**MAKE CHECK PAYABLE TO: ST. JOHN THE EVANGELIST CATHOLIC CHURCH**

ALL FEES ARE **NON-REFUNDABLE** AFTER NOVEMBER 1, 2024

**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><br>Last (if different from family name) |  |  |  |
| <b>GRADE- 2024-2025</b>                                    |  |  |  |
| <b>SCHOOL ATTENDING</b>                                    |  |  |  |
| <b>GENDER (Male/Female)</b>                                |  |  |  |

|   |  |  |  |
|---|--|--|--|
| <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<br><input type="checkbox"/> 1 <sup>st</sup> Reconciliation<br><input type="checkbox"/> 1 <sup>st</sup> Communion<br><input type="checkbox"/> Confirmation | <input type="checkbox"/> Baptism<br><input type="checkbox"/> 1 <sup>st</sup> Reconciliation<br><input type="checkbox"/> 1 <sup>st</sup> Communion<br><input type="checkbox"/> Confirmation | <input type="checkbox"/> Baptism<br><input type="checkbox"/> 1 <sup>st</sup> Reconciliation<br><input type="checkbox"/> 1 <sup>st</sup> Communion<br><input type="checkbox"/> Confirmation |

**RELIGIOUS EDUCATION 2024-2025 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 sacramental preparation classes only.**

**GRADE 1 (PRE-COMMUNION)**

**Tuesday - 4:00 pm - 5:15 pm \_\_\_\_\_**

**Tuesday - 6:30pm – 7:45 pm \_\_\_\_\_**

**Wednesday - 4:30 pm – 5:45 pm \_\_\_\_\_**

**GRADE 2 (FIRST COMMUNION)**

**Tuesday – 4:00 pm – 5:15 pm \_\_\_\_\_**

**Tuesday - 6:30 pm - 7:45 pm \_\_\_\_\_**

**Wednesday – 4:30 pm – 5:45 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 I)**

**Tuesday – 6:30 pm – 7:45 pm \_\_\_\_\_**

**Wednesday - 7:00 pm– 8:15 pm \_\_\_\_\_**

**GRADE 8 (CONFIRMATION II)**

**Tuesday – 6:30 pm - 7:45 pm \_\_\_\_\_**

**Wednesday – 7:00 pm – 8:15 pm \_\_\_\_\_**

**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 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. \_\_\_\_\_

**A COPY OF YOUR CHILD'S BAPTISMAL CERTIFICATE and FIRST COMMUNION CERTIFICATE (if applicable) MUST ACCOMPANY THE REGISTRATION FORM IF YOUR CHILD IS NEW TO OUR PROGRAM**

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

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