

ST. JOHN THE EVANGELIST CATHOLIC CHURCH
RELIGIOUS EDUCATION PROGRAM
10300 Yamato Road
Boca Raton, FL 33498
(561) 488-1373 Ext. 4 *Email: sjreligioused@stjohnevangelistbr.org
2025 / 2026

(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 29, 2025

Sacramental fees: \$ 50.00 (First Communion Sacramental Fee - for Grade 2 (Communion) & Special Sacrament Class)
 \$ 75.00 (Confirmation Sacramental Fee – for Grade 8 (Confirmation II))

MAKE CHECK PAYABLE TO: ST. JOHN THE EVANGELIST CATHOLIC CHURCH
ALL FEES ARE NON-REFUNDABLE AFTER NOVEMBER 1, 2025

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- 2025-2026			
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 Reconciliation <input type="checkbox"/> 1 st Communion <input type="checkbox"/> Confirmation	<input type="checkbox"/> Baptism <input type="checkbox"/> 1 st Reconciliation <input type="checkbox"/> 1 st Communion <input type="checkbox"/> Confirmation	<input type="checkbox"/> Baptism <input type="checkbox"/> 1 st Reconciliation <input type="checkbox"/> 1 st Communion <input type="checkbox"/> Confirmation

RELIGIOUS EDUCATION 2025-2026 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.

PRE-COMMUNION (1st year preparation - 1st– 3rd grades)

Tuesday - 4:00 pm - 5:15 pm

Tuesday - 6:30pm – 7:45 pm

Wednesday - 4:30 pm – 5:45 pm

FIRST COMMUNION (2nd year preparation - 2nd– 4th grades)

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 (CLOSED - WAITLISTING)

Tuesday – 6:30 pm – 7:45 pm

GRADE 5 and 6 (CLOSED - WAITLISTING)

Tuesday - 6:30 pm – 7:45 pm

CONFIRMATION I (1st year preparation)

Tuesday – 6:30 pm – 7:45 pm (CLOSED – WAITLISTING)

Wednesday - 7:00 pm– 8:15 pm OPEN

CONFIRMATION II (2nd year preparation)

Tuesday – 6:30 pm - 7:45 pm

Wednesday – 7:00 pm – 8:15 pm

Please read and INITIAL each item

_____ 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. **If my child is absent more than (3) times I understand that he/she may have to repeat the year.**

_____ I understand that this program is made possible by VOLUNTEER Catechists and Assistants.

_____ I understand that **attendance at weekend Mass on a regular basis is fundamental to their faith development** and will make every effort to bring my child to weekend Mass.

_____ I have reviewed my child's schedule for the coming year and will make sure that NO conflicts with other activities exist. **I believe that the education in my faith is the top priority and will not allow my child to be absent from Religious Education for other activities.**

IN CASE OF ACCIDENT/ILLNESS REQUIRING IMMEDIATE MEDICAL ATTENTION

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 will notify the Religious Education Office in case of any changes in personal contact information, changes in medical information or change in Emergency contact information. 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 pages 3 & 4 regarding medical emergencies, class and Mass 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: CLASS PLACEMENT Student #1 _____ #2 _____ #3 _____

Fee Paid _____ *Check #* _____ *Cash* _____ *Date Pd.* _____

Baptism Cert Rcvd _____ *Communion Cert Rcvd* _____