

STUDENT REGISTRATION

ST. JUDE ACADEMY OF VIRTUOUS LEADERS

561-743-6125 (Julie Barrientos) or 561-746-1890 (Deacon Les Loh)

Please complete and return this form to St. Jude Faith Formation – P.O. Box 3726 – Tequesta, FL 33469

Formation offered to families registered at St. Jude. Space is limited. Registrations are accepted in the order they are received.

PLEASE SELECT ONE

- _____ Catechesis of the Good Shepherd (ages 4, 5, and 6 only) – Sundays from {8:15 a.m. to 9:45 a.m.}
- _____ Catechesis of the Good Shepherd (ages 4, 5, and 6 only) – Sundays from {10:00 a.m. to 11:30 a.m.}
- _____ Faith Formation Classroom Instruction (grades 2nd – 7th)- Sundays from {10:15 a.m. to 11:30 a.m.}
- _____ Please enroll my child in **Online Distance Formation**.....(**Grades 4, 5, 6 and 7 only**)

Name of Student: _____ **Date of Birth:** _____

(please circle): Male or Female School {Fall 2022}: _____ Grade {Fall 2022}: _____

Mailing Address: _____

Street City State Zip

Father’s Name _____ **Religion** _____

Best Phone Number _____ **Additional Phone Numbers** _____

Best E-Mail: _____

Mother’s Name _____ **Religion** _____

Best Phone Number _____ **Additional Phone Numbers** _____

Best E-Mail: _____

Student lives with (please circle): Both parents Mother Father Shared custody Guardian Other

Parents are (please circle): Married Separated Divorced Deceased (mother/father) Not married

Additional information _____

_____ **I would like to volunteer in the classroom.** _____ **I would like information about adult activities at St. Jude.**



SACRAMENTAL INFORMATION:

Please send copies of certificates for new students if the sacrament was not received at St. Jude Parish.

Date Church City/State

Baptism: _____

Reconciliation: _____

First Communion: _____

<p>Suggested Donation to Faith Formation Program <i>(Confidential scholarships available as needed. Contact Deacon Les)</i></p>	<ul style="list-style-type: none"> • 1 child \$50.00 • 2 children \$100 • 3 or more children please add \$25 per child
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For Office Use: rev. 1-3-2023
 Registration Received on: _____ Donation Amount: _____

(Please Complete Page 2)

EMERGENCY INFORMATION: This information must be filled out by the Parent/Guardian and signed. While your child is in our care it is important for us to have the following information.

In case of emergency, if I am not available, please contact either of the following individuals.
These people also have my permission to pick my child up from St. Jude.

Name: _____ Relationship: _____

Best Phone Number: _____ Alternate Phone Number: _____

Name: _____ Relationship: _____

Best Phone Number: _____ Alternate Phone Number: _____



HEALTH INFORMATION:

Is your child taking any medication? (please circle): No Yes

Medications: _____

Is there any medical information, condition or special need (e.g. allergies) that we should be aware of regarding your child and his/her health? (Please explain)

Insurance Carrier: _____ ID #: _____



PERMISSION AND MEDICAL TREATMENT WAIVER:

I, _____, the parent/guardian of _____ do hereby give my permission for him/her to attend St. Jude religious education classes and functions and to be treated for a medical emergency in my absence while participating in the Religious Education program. The Director of Religious Education or Adult Supervisor may act as an agent in my absence. In case of an accident, I do not hold the Diocese of Palm Beach, the parish of St. Jude, its staff, or volunteers responsible.

Name of Primary Care Doctor: _____ Phone: _____

Father/Guardian Signature: _____ Date: _____

Mother/Guardian Signature: _____ Date: _____