

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 OF THE CHOICES BELOW

Catechesis of the Good Shepherd (Grades K-1)

Sundays {8:15 a.m. to 9:45 a.m.} Sundays {10:00 a.m. to 11:30 a.m.}
Tuesdays {9:30 a.m. to 11:00 a.m.} Tuesdays {4:30 p.m. to 6:00 p.m.}

Conventional Sunday Morning Classrooms (Grades 2-7 from 10:15 a.m. to 11:30 a.m.)

2nd Grade (First Holy Communion Sacramental Preparation Class)
3rd Grade 4th Grade 5th Grade 6th Grade 7th Grade

In-Person Formation is preferred. If the options above are not feasible, please contact us for more info regarding the possibility of an Online Formation option. (Grades 4th through 7th only.)

Name of Student: Date of Birth:

(please circle): Male or Female School {Fall 2023}: Grade {Fall 2023}:

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.



Table with 2 columns: Suggested Donation to Faith Formation Program (Confidential scholarships available as needed. Contact Deacon Les) and list of donation amounts: 1 child \$50.00, 2 children \$100, 3 or more children please add \$25 per child

For Office Use: rev. 4-5-2023
Registration Received on: Donation Amount:

(Please Complete Page 2)

**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:	_____	_____	_____

**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: \_\_\_\_\_