

Grades: K through 7th Grade

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

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

Catechesis of the Good Shepherd Level 1 (Ages 3-6)

_____Sundays {8:15 a.m. to 9:45 a.m.} _____Sundays {10:00 a.m. to 11:30 a.m.}
_____Wednesdays {3:30 p.m. to 5:00 p.m.}

_____Sundays {8:15 a.m. to 9:45 a.m.} _____Wednesdays {3:30 p.m. to 5:00 p.m.}

2nd Grade (First Holy Communion Sacramental Preparation Class)

_____ K _____ 1st Grade _____ 3rd Grade _____ 4th Grade _____ 5th Grade

_____ 6th Grade _____ 7th Grade

(please circle): Male or Female School {Fall 2025}: _____ Grade {Fall 2025}: _____

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.

(Confidential scholarships available as needed. Contact Deacon Les)

- 1 child \$50.00
- 2 children \$100
- 3 or more children please add \$25 per child

For Office Use: rev. 2-26-2025

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: _____