Faith Formation for Grades: K through 9th Grade

STUDENT REGISTRATION ~ ST. JUDE ACADEMY OF VIRTUOUS LEADERS

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

Please complete ALL sections of this form and return 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

Is there a court order barring either parent from removing the student from class? Do parents have shared (joint) parental rights and responsibilities? Does one parent have final decision making authority regarding religion and education decisions for the student? Is there a Temporary Restraining Order, Permanent Restraining Order, Order of No Contact, or other court order that restricts or impacts access to the student by Anyone, including the other parent? (Must provide a copy of Court Orders) Yes No Yes No	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.}			
Kindergarten 1º Grade 2º Grade 2º Grade 2º Grade 2º Grade 4º Grade 3º Gr				
Gth Grade[10:15-11:30 a.m.] Th Grade[10:15-11:30 a.m.] Sth Grade[8:15-9:45 a.m.] gth Grade[8:15-9:45 a.m.]				
School [Fall 2025]: Grade [Fall 2025]: Primary Language:				
Mailing Address: Street City State Zip Father's Name Best Phone Number Best Phone Number 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 Is there a court order barring either parent from removing the student from class? Yes No Does one parent have final decision making authority regarding religion and education decisions for the student? Is there a Temporary Restraining Order, Permanent Restraining Order, Order of No Contact, or other court order that restricts or impacts access to the student by Anyone, including the other parent? (Must provide a copy of Court Orders) Suggested Donation to Faith Formation Program (Confidential scholarships available as needed. Contact Deacon Les) **I child \$50.00 **2 children \$100.00 **1 child \$50.00 **2 children \$100.00 **1 child \$50.00 **2 children \$100.00 **1 or more children please add \$25 per child	Name of Student: Date	e of Birth:	Male or Female(circle one)	
Street City State Zip Father's Name Best Phone Number Best E-Mail: Mother's Name Best Phone Number Best E-Mail: Mother's Name Religion Best Phone Number 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 Is there a court order barring either parent from removing the student from class? Yes No Does one parent have final decision making authority regarding religion and education decisions for the student? Is there a Temporary Restraining Order, Permanent Restraining Order, Order of No Contact, or other court order that restricts or impacts access to the student by Anyone, including the other parent? (Must provide a copy of Court Orders) Suggested Donation to Faith Formation Program (Confidential scholarships available as needed. Contact Deacon Les) 1 child \$50.00 2 children \$50.00 3 or more children please add \$25 per child	School {Fall 2025}: Grade {Fall	ll 2025}: Prima	ry Language:	
Father's Name	Mailing Address:			
Best Phone Number	Street	City	State Zip	
Best E-Mail: Mother's Name	Father's Name	Religion		
Mother's Name	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 Is there a court order barring either parent from removing the student from class? Yes No Do parents have shared (joint) parental rights and responsibilities? Does one parent have final decision making authority regarding religion and education decisions for the student? Is there a Temporary Restraining Order, Permanent Restraining Order, Order of No Contact, or other court order that restricts or impacts access to the student by Anyone, including the other parent? (Must provide a copy of Court Orders) Suggested Donation to Faith Formation Program (Confidential scholarships available as needed. Contact Deacon Les) Suggested Donation to Faith Formation Program (Confidential scholarships available as needed. Contact Deacon Les) **I child \$50.00 **2 children \$10.005	Best E-Mail:			
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For Office Use: rev. 5-10-2025 (Please Complete Page 2)		• 2 children \$100	please add \$25 per child	
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Registration Received on: ______ Donation Amount: ____

SACRAMENTAL INFORMATION: Please send copies of certificates for new students if the sacrament was not received at St. Jude Parish. Church City/State Baptism: Reconciliation: First Communion: EMERGENCY AND HEALTH 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. Relationship: _____ Name: Best Phone Number: Alternate Phone Number: Relationship: Name: Best Phone Number: _____ Alternate Phone Number: _____ I, the parent/guardian, give my consent for a staff member of St. Jude or volunteer to administer basic treatment or first aid to my child for minor non-life-threatening injuries or illness until I can arrive. My child is currently taking medication? Yes No If YES, please list medications:___ Is there any medical information, condition, allergy or any special need that we should be aware of regarding your child and his/her health? (*Please explain*) Insurance Carrier: ______ ID #:______ PERMISSION AND MEDICAL TREATMENT WAIVER: _____, 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's Signature Mother's Signature Date STUDENT PHOTOGRAPH AND INFORMATION WAIVER I give my permission to allow my child's name, photograph or video image to be used for church-related purposes by St. Jude Catholic Church and the Diocese of Palm Beach. These uses may include but not be limited to our parish bulletin, parish website and tv screens during Mass. No Under penalties of perjury, I declare that I have read the foregoing form and that the facts stated in it are true and accurate. Florida Statutes Sec. 92.525(3) provides that whoever knowingly makes a false declaration under penalties of perjury is guilty of a felony of the third degree.

Signature of Parent/Guardian

Date

Printed Name of Parent/Guardian