

STUDENT REGISTRATION ~ ST. JUDE DISCIPLESHIP ACADEMY*"Go therefore and make disciples of all nations." ~ Matthew 28:19***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****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.}**Catechesis of the Good Shepherd Level 2 (Ages 6-9)**☐ 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.}**Conventional Classroom Instruction (Grades K-5) – Sunday Morning {10:15 a.m. to 11:30 a.m.}**☐ Kindergarten ☐ 1st Grade ☐ 2nd Grade (1st Communion) ☐ 3rd Grade ☐ 4th Grade ☐ 5th Grade**Small Group for Grades 6th & 7th as well as Small Group for 8th & 9th Grade Confirmation Prep**☐ 6th Grade {10:15-11:30 a.m.} ☐ 7th Grade {10:15-11:30 a.m.} ☐ 8th Grade {8:15-9:45 a.m.} ☐ 9th Grade {8:15-9:45 a.m.}

Name of Student: _____ Date of Birth: _____ Male or Female (circle one)

School {Fall 2025}: _____ Grade {Fall 2025}: _____ Primary Language: _____

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

Is there a court order **barring either parent from removing the student** from class? ☐ Yes ☐ NoDo parents have **shared (joint) parental rights and responsibilities**? ☐ Yes ☐ NoDoes one parent have **final decision making authority regarding religion and education decisions** for the student? ☐ Yes ☐ NoIs 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

Additional Info _____

Suggested Donation to Faith Formation Program

(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. 6-17-2025

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 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.

Name: _____ Relationship: _____

Best Phone Number: _____ Alternate Phone Number: _____

Name: _____ Relationship: _____

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. ☐ Yes ☐ No

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:

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'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. ☐ Yes ☐ 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.

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date