

STUDENT REGISTRATION ~ ST. JUDE DISCIPLESHIP ACADEMY

"Go therefore and make disciples of all nations." ~ Matthew 28:19

Mrs. Julie Barrientos call (561) 743-6125 or email religioused@stjudechurch.net

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) (Montessori – Limited Class Size)

(Must turn 4 years old before December 31st of the 2026-2027 school year)

- checkbox Sundays {8:30 a.m. to 10:00 a.m.} checkbox Sundays {10:15 a.m. to 11:30 a.m.} checkbox Wednesdays {3:30 p.m. to 5:00 p.m.}

Catechesis of the Good Shepherd Level 2 (Ages 6-9) (Montessori – Limited Class Size)

- checkbox Sundays {8:30 a.m. to 10:00 a.m.} checkbox Sundays {10:15 a.m. to 11:30 a.m.} checkbox Wednesdays {3:30 p.m. to 5:00 p.m.}

Conventional Classroom Instruction (Grades 2-5) – Sunday Morning {10:15 a.m. to 11:30 a.m.}

- checkbox 2nd Grade (1st Communion) checkbox 3rd Grade checkbox 4th Grade checkbox 5th Grade

Small Group Discipleship - Sunday Mornings

- checkbox 6th or checkbox 7th Grade {10:15-11:30 a.m.}

Confirmation Formation - Sunday Mornings

- checkbox 8th (Year 1) or checkbox 9th (Year 2) {8:45-10:00 a.m.}

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

School {Fall 2026}: _____ Grade {Fall 2026}: _____ 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? checkbox Yes checkbox No

Do parents have shared (joint) parental rights and responsibilities? checkbox Yes checkbox No

Does one parent have final decision making authority regarding religion and education decisions for the student? checkbox Yes checkbox No

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) checkbox Yes checkbox No

Additional Info _____

Suggested Tuition Donation Information
• \$50 per child (For Catechesis of the Good Shepherd and Grades K – 7 Students)
• \$150 per child (For First Communion as well as Confirmation Prep Students)

For Office Use: rev. 4-20-2026
Date Received: _____ Donation Amount: _____ Payment Type: _____

(Please Complete Page 2)

SACRAMENTAL INFORMATION:

Sacramental Certificates are Required for Students in a Sacramental Prep Year. (1st Communion & Confirmation)

	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*