



ST. JOSEPH PARISH FAITH FORMATION PROGRAM
FAMILY REGISTRATION FORM 2026-2027

1200 E. 10th Street, Stuart, FL 34996

Anthuanette Hidalgo, Director, 772-291-2894 or anthuanetteh@sjcflorida.org

Office Use Only
Date:
Account:
Payment:
Bal. Due:
Check Cash Credit
Payment taken by:
Reg. Entered by:

PLEASE PRINT

Father/Guardian:

Last Name: First: Middle Name:

Religion: Catholic Other: Cell Phone:

Sacraments Received:(check all that apply) Baptism Reconciliation First Holy Eucharist Confirmation Catholic Marriage

Mother/Guardian:

Last Name: First: Middle Name:

Religion: Catholic Other: Cell Phone:

Sacraments Received:(check all that apply) Baptism Reconciliation First Holy Eucharist Confirmation Catholic Marriage

Street Address: Apt/Unit#: City: State: Zip:

Family email address: Secondary email address:

\*Is your family registered at St. Joseph Parish? Yes No Envelope Number:

If not, Home Parish:

Registration at St. Joseph Parish is required for participation in the Religious Education/Faith Formation Program

CHILD(REN) TO BE REGISTERED IN RELIGIOUS EDUCATION:

Child #1

Last Name: First Name: Middle Name :

Male Female DOB (mm/dd/yy):

Grade in Sept. 2026: School Attending:

Sacraments Received:(check all that apply)

Baptism Yes No Date:

Reconciliation Yes No Date:

Holy Eucharist Yes No Date:

Confirmation Yes No Date:

Office use only:
Class Placement:

Receiving a Sacrament:

First Holy Communion Class Year 1 completed Yes No Date: School/Parish:

Confirmation Year 1 completed Yes No Date: School/Parish:

Does your child have any special needs, medical needs, disabilities, allergies/dietary concerns or parental situations we need to be made aware of: Yes No Please describe:

Child #2

Last Name: First Name: Middle Name :

Male Female DOB (mm/dd/yy):

Grade in Sept. 2026: School Attending:

Sacraments Received: (check all that apply)

Baptism Yes No Date:

Reconciliation Yes No Date:

Holy Eucharist Yes No Date:

Confirmation Yes No Date:

Office use only:
Class Placement:

Receiving a Sacrament:

First Holy Communion Class Year 1 completed Yes No Date: School/Parish:

Confirmation Year 1 completed Yes No Date: School/Parish:

Does your child have any special needs, medical needs, disabilities, allergies/dietary concerns or parental situations we need to be made aware of: Yes No Please describe:

**Child #3**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name : \_\_\_\_\_

 Male  Female DOB (mm/dd/yy): \_\_\_\_\_

Grade in Sept. 2026: \_\_\_\_\_ School Attending: \_\_\_\_\_

Sacraments Received: (check all that apply)

Baptism  Yes  No Date: \_\_\_\_\_Reconciliation  Yes  No Date: \_\_\_\_\_Holy Eucharist  Yes  No Date: \_\_\_\_\_Confirmation  Yes  No Date: \_\_\_\_\_**Office use only:**

Class Placement: \_\_\_\_\_

**Receiving a Sacrament:**First Holy Communion Class Year 1 completed  Yes  No Date: \_\_\_\_\_ School/Parish: \_\_\_\_\_Confirmation Year 1 completed  Yes  No Date: \_\_\_\_\_ School/Parish: \_\_\_\_\_Does your child have any special needs, medical needs, disabilities, allergies/dietary concerns or parental situations we need to be made aware of:  Yes  No Please describe: \_\_\_\_\_**DISCOUNTED TUITION FEES (EFFECTIVE UNTIL JULY 31, 2026)**

Pre-K, Kindergarten, First Holy Communion Year 1 and Faith Formation/Post FHC	
<input type="checkbox"/> 1 Child	<input type="checkbox"/> \$50
<input type="checkbox"/> 2 Children	<input type="checkbox"/> \$90
<input type="checkbox"/> 3 Children	<input type="checkbox"/> \$125
<input type="checkbox"/> 4+ Children	<input type="checkbox"/> \$150

Program	Year 1	Year 2
<i>First Holy Communion</i>	<i>\$50</i>	<i>\$75</i>
<i>Confirmation</i>	<i>\$75</i>	<i>\$100</i>

- If your child is receiving the **sacrament of First Holy Communion**, tuition for the first year of preparation is \$50 and for the second year is \$75.
- If your child is receiving the **sacrament of Confirmation**, tuition for the first year of preparation is \$75, and for the second year is \$100.
- A \$10 fee per child applies to registrations made on or after August 1, 2026.
- Final registration deadline: Friday, August 28, 2026.
- REGISTRATION FEES CAN BE PAID BY CARD, CHECK, OR CASH. Please make checks payable to St. Joseph Catholic Church. Payments may also be made in person at the Parish Office by credit card. Payment is expected at the time of registration; however, no one will be turned away due to inability to pay. Please speak privately with the Director regarding any financial concerns to arrange a payment plan or discuss volunteer opportunities.

*For all new registrations and children receiving a sacrament this school year:**Please provide a copy of the BIRTH, BAPTISMAL, and FIRST HOLY COMMUNION certificates to our office ASAP by email or drop off.***ALL CHILDREN ARE REQUIRED TO ATTEND THE EUCHARIST ON EITHER SATURDAY EVENING OR SUNDAY****My child(ren) will be attending classes and Mass at St. Joseph as part of the Faith Formation Program. I am committed to assisting my child(ren) in achieving the requirements of the program for the 2026-2027 calendar year.**

Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY**

Program	Discounted Fees Until July 31, 2026	Regular Fees August 1, 2026	No. of Children	Total
Pre-K, K, FHC Y1, Post FHC/FF	\$50	\$60		
FHC Y2 and Confirmation Y1	\$75	\$85		
Confirmation Y2	\$100	\$110		
			<b>Total Tuition</b>	

# St. Joseph Catholic Church Office of Faith Formation

## PICK-UP AUTHORIZATION FORM

### 2026 - 2027

**Sunday** — Walk with your child(ren) to the classroom between 10:00 -10:30 AM.

Pick up your child at 12:00PM at child(ren)'s classroom.

**Please have your ID available.**

<b>Father's Name:</b>	<b>Father's Phone Number:</b>
<b>Mother's Name:</b>	<b>Mother's Phone Number:</b>

**Child(ren) registered in Faith Formation Program:**

Child's First, Middle and Last Name:	Grade:	Program:	Teacher:

**Other than parents, those authorized for pick up/ Emergency contact:**

Name:	Relationship to child:	Phone Number:

Parent Name (printed):  Parent Signature:



**Diocese of Palm Beach**  
**YOUTH TRIP POLICY CONCERNING**  
**SUPERVISION FOR TRIPS & OTHER FUNCTIONS**

**PHOTOGRAPH AND/OR VIDEOTAPE CONSENT & RELEASE**

I hereby grant to Sponsor the right to photograph and/or videotape my child(ren) and further to use their name, face, likeness, voice, and appearance in connection with exhibitions, publicity, advertising, and promotional materials without any reservation, limitation, or consideration. This waiver specifically releases any common law causes of action or claims under Fla. Stat. 540.08 and expressly constitutes written consent for publication of their name, face, likeness, voice and appearance.

I certify that I am the parent or legal guardian of the child(ren) registered in this program, and that I have read the foregoing release and examined the information in the description. I hereby join in each and every part of this Photograph and/or Videotape Consent and Release (including such part as may subject me to personal financial responsibility) and hereby relinquish any claims that I may have against Sponsor as set forth above, both in my own behalf and in my capacity as legal representative (as applicable) of the participant, including without limitations any claims arising as a result of the participant's leaving the supervision of Sponsor. I agree that if any portion of this document is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

**Signature of Parent/Guardian:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

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