

**2023-2024 Student Registration Form**  
**San Juan del Rio Catholic Church – PREP Program**

**Registered Parishioner of SJDR?** ☐ Yes or ☐ No

**Family Name:** \_\_\_\_\_

**Father Name:** \_\_\_\_\_

**Mother Name:** \_\_\_\_\_

**Mother's Maiden Name:** \_\_\_\_\_

**Marital Status:** ☐ Married ☐ Single ☐ Separated ☐ Divorced ☐ Widowed

**Parent Religion:** Father: ☐ Catholic ☐ Other (please specify) \_\_\_\_\_

Mother: ☐ Catholic ☐ Other (please specify) \_\_\_\_\_

**Language spoken at home:** ☐ English ☐ Spanish ☐ Other (please specify) \_\_\_\_\_

**Child Custody:** ☐ Father ☐ Mother ☐ Both ☐ Legal Guardian (documentation required)

**Contact Information:**

**Home Phone:** \_\_\_\_/\_\_\_\_ - \_\_\_\_

**Home Address:** \_\_\_\_\_

**Father Cell:** \_\_\_\_/\_\_\_\_ - \_\_\_\_ **Father Work:** \_\_\_\_/\_\_\_\_ - \_\_\_\_

**Father Email Address:** \_\_\_\_\_

**Mother Cell:** \_\_\_\_/\_\_\_\_ - \_\_\_\_ **Mother Work:** \_\_\_\_/\_\_\_\_ - \_\_\_\_

**Mother Email Address:** \_\_\_\_\_

**\*\*\*If your family is on Facebook, please join our [San Juan del Rio PREP Facebook page](#) for PREP updates throughout the year.\*\*\***

**\*\*\*We require proof of Baptism and, if applicable, First Communion for all registered students. Please provide these important documents with your registration, if your family is new to our program or you haven't done so already. If you are unsure, please contact the PREP office for verification.\*\*\***

**For Office Use Only**

Date Received: \_\_\_\_\_

Check #: \_\_\_\_\_

Amount: \_\_\_\_\_

**Assessment Needed:**

Date Given: \_\_\_\_\_

Date Received: \_\_\_\_\_

**Student Information:****Homeschool Family:** ☐ Yes or ☐ No**1<sup>st</sup> Child Name:** \_\_\_\_\_ M / F \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade \_\_\_\_\_Attended SJDR PREP or SJDR School last year: Yes or No If not, where: \_\_\_\_\_**Sacraments Already Received:** ☐ Baptism ☐ Reconciliation ☐ First Communion ☐ Confirmation**Does Student have Special Needs/Learning Disabilities: Yes or No** If so, please complete Adaptive Parent Questionnaire**Please list any Student Allergies or Medical Conditions:** \_\_\_\_\_**2<sup>nd</sup> Child Name:** \_\_\_\_\_ M / F \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade \_\_\_\_\_Attended SJDR PREP or SJDR School last year: Yes or No If not, where: \_\_\_\_\_**Sacraments Already Received:** ☐ Baptism ☐ Reconciliation ☐ First Communion ☐ Confirmation**Does Student have Special Needs/Learning Disabilities: Yes or No** If so, please complete Adaptive Parent Questionnaire**Please list any Student Allergies or Medical Conditions:** \_\_\_\_\_**3<sup>rd</sup> Child Name:** \_\_\_\_\_ M / F \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade \_\_\_\_\_Attended SJDR PREP or SJDR School last year: Yes or No If not, where: \_\_\_\_\_**Sacraments Already Received:** ☐ Baptism ☐ Reconciliation ☐ First Communion ☐ Confirmation**Does Student have Special Needs/Learning Disabilities: Yes or No** If so, please complete Adaptive Parent Questionnaire**Please list any Student Allergies or Medical Conditions:** \_\_\_\_\_*(If more children, please attach an addition registration form)***Choice of Sessions:** Please circle your 1<sup>st</sup> and 2<sup>nd</sup> choices. Marking only one choice will not guarantee an assignment to that class session. **Classes are subject to cancellation if catechists are unavailable to teach the class. All children in family will be placed in the same session, unless we are advised otherwise.**

Choice	Class Session	Time	Classes for
1    2	Wednesday Early	4:15 - 5:45 PM	Grades K thru Grade 8
1    2	Wednesday Late	6:15 – 7:45 PM	Grades 1 thru HS Confirmation Yr 2

Receiving the sacrament of First Communion and Confirmation in the Diocese of St. Augustine requires **2 consecutive years of preparation**. Please list children whom you expect to receive a sacrament in the 2023-2024 school year. Any child new to the SJDR Religious Education program, but you expect to receive a sacrament this year, please know that we require written documentation from your previous parish of the child's satisfactory completion of their 1<sup>st</sup> year preparation for the sacrament.

Child Name: \_\_\_\_\_ Sacrament to Receive: ☐ First Communion ☐ ConfirmationChild Name: \_\_\_\_\_ Sacrament to Receive: ☐ First Communion ☐ Confirmation

**Fee Information:** The fees below reflect the quality program that we offer, however the religious education of your child(ren) is our primary concern and is not meant to prohibit anyone from attending our program. Financial accommodations are available. Please contact the Religious Education office at (904) 287-2801 for more information.

	<b>Regular Registration Parishioner Rate</b>	<b>Non-Parishioner Rate</b>
1 <sup>st</sup> Child	\$140	\$225
2 <sup>nd</sup> Child	\$75	\$125
3 or more (family max.)	\$290	\$475
Sacramental Prep Fee	\$ 25 (per child receiving a sacrament)	\$ 25 (per child receiving a sacrament)

**Sharing Your Time & Talent:** *(Adults Only – Tuition Waivers may be available)*

Volunteer Name	I am interested in becoming – Check (v) all that apply
	Primary Catechist _____ (previous teaching experience: Yes or No)
	Assistant Catechist _____ (previous teaching experience: Yes or No)
	Substitute Catechist _____ (previous teaching experience: Yes or No)
	Office Volunteer _____ (times/days available: _____)
	Gate Security _____

**PLEASE NOTE: We require all PREP parents to complete a combined minimum of 10 hours of service per family to the parish. Please see the Parent-Student Handbook for details.**

**Acknowledgements:**

- I (we) have read the **2022-2023 Parent-Student Handbook** for the Religious Education Program and agree to comply with its policies.
- Photograph Release** as stated on page 24 of **2023-2024 Parent-Student Handbook (please check one):**  
☐ Approve    ☐ Optout

Parent/Guardian Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_