

**St. Juliana Catholic Church**  
**Office of St. Joseph- Faith Formation Office**  
 326 Pine Terrace  
 West Palm Beach Fl 33404  
 561-833-1278

**Contact: Director of Faith Formation: Jackie Moyeno [jmoyeno@stjulianacatholicchurchwpb.com](mailto:jmoyeno@stjulianacatholicchurchwpb.com)**  
**Office Assistant: Cynthia Flores—[cflores@stjulianacatholicchurchwpb.com](mailto:cflores@stjulianacatholicchurchwpb.com)**  
**Registration 2022-2023 (RCIA with Adaptation for Children)**

**Are you a register member of St. Juliana Parish?** Yes \_\_\_\_ No \_\_\_\_ Envelope # \_\_\_\_\_

**Families registered in another Parish must bring a letter of approval from their Pastor/Parish, to be able to register their Children in St Juliana Faith Formation classes. Please bring the following documents: Copy of Birth Certificate, Baptismal Certificate, And First Communion Certificate:**

**Student Information**

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

Date of Birth: \_\_\_\_\_ Gender: Male \_\_\_\_ Female \_\_\_\_ Grade level 2022-2023: \_\_\_\_\_

Name of attending School: \_\_\_\_\_

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

Phone 1: \_\_\_\_\_ City/Zip Code \_\_\_\_\_  
 Phone 2: \_\_\_\_\_

**\*Check this box if you wish to receive text notifications at this number from the Office for Formation information for class cancellation or other faith formation activities through the secure Remind App system. (You do not need to download the app to receive the text messages).**

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

**Please provide an email address so we can send you email updates pertaining to your child’s classes, documents or parish events or in the event that we will need to do virtual classes.**

**Parent Information:**

Mother’s Name: \_\_\_\_\_  
First Last Maiden Name

Father’s Name: \_\_\_\_\_  
First Last

Marital Status: Single \_\_\_\_ Married/Civil \_\_\_ Married in the Church \_\_\_ Divorced \_\_\_\_ Widower \_\_\_\_

Child lives with: Both Parents \_\_\_\_ Mother only \_\_\_\_ Father only \_\_\_\_ Legal Guardian \_\_\_\_

**Student’s Religious Education Information**

**Did your child attend St. Juliana’s Faith Formation Program last year? (2021-2022)** Yes \_\_\_\_ No \_\_\_\_

<b>Was the Child Baptized:</b> Yes ____ No ____	<b>Did the child already receive their First Communion?</b> Yes ____ No ____
<b>Where:</b>	<b>Where:</b>
<b>Date:</b>	<b>Date:</b>
<b>Was copy of Certificate given:</b> Yes ____ No ____	<b>Was copy of Certificate given:</b> Yes ____ No ____

**OFFICE USE ONLY DO NOT WRITE IN THE ENCLOSED BOX**

Paid In Full Amount \_\_\_\_\_ Check # \_\_\_\_\_ Cash Receipt # \_\_\_\_\_

Partial Payment Amount \_\_\_\_\_ Check # \_\_\_\_\_ Cash Receipt # \_\_\_\_\_

Date of Initial Payment \_\_\_\_\_

Number of Children \_\_\_\_\_ Grade Level for each Child \_\_\_\_\_

Children's Names \_\_\_\_\_

\_\_\_\_\_

Grades K through 5 <sup>th</sup>		Grades 6th-12th	
Pre-Communion Faith Formation		Pre-Confirmation Faith Formation	
First Communion Prep 1st Year		Confirmation 1st Year	
First Communion Prep 2nd Year		Confirmation 2nd Year	
Post Communion Faith Formation		RCIA for children without Baptism and/or First Communion	
RCIA for child without Baptism/First Communion			

**IN CASE OF AN EMERGENCY:**

\_\_\_\_\_  
 Name Phone Relationship

**THE FOLLOWING "ADULT" INDIVIDUAL IS AUTHORIZED TO PICK UP MY CHILD IN MY ABSENCE:**

\_\_\_\_\_  
 Name Phone Relationship

**DOES YOUR CHILD (CHILDREN) HAVE ANY OF THE FOLLOWING?**

PLEASE EXPLAIN, (Identify which child)

Name of Child	Learning Disability:	Allergies:	Medical Condition:	Prescription Medication:

**Parking Lot & Child Safety:**

- ✓ ONLY THE FRONT MAIN GATE IS TO BE USED FOR ENTERING AND EXITING SCHOOL GROUNDS. Rear gates are to be used for EMERGENCY EXIT ONLY. No child or parent is allowed to open rear gates.
- ✓ PARENTS/GUARDIANS are asked to EXIT SCHOOL GROUNDS DURING CLASS TIMES. No one is allowed inside of the GATES during classes.
- ✓ DO NOT STAND DIRECTLY OUTSIDE of GATE DOORS.
- ✓ Parents are REQUIRED to deliver their children directly to the gate's door before class and to PICK-UP CHILDREN AT the GATE DOOR after class. Children who are not met by parent/guardian at conclusion of class will be brought to The Office of Religious Education after class where they will remain until parent/guardian arrives. Parent/guardian must come INTO THE OFFICE to pick up child (ren).
- ✓ Children are to be dropped off and picked up at their perspective time.
- ✓ Gates close 10 minutes after class has started: Children have to be taken to the office to retrieve a tardy note. 3 tardies equal one absence
- ✓ Parents/Guardian are responsible for providing & updating the Religious Education office of all current contact information & emergency contact information.
- ✓ **Parent Initials:** I take full responsibility for my child (ren) and cannot hold St. Juliana Catholic Church responsible for my child's safety if I do not comply with the above Parking Lot Safety Measures.

**Each year the Parish St. Juliana is required by the Diocesan Office of Protection of Children to hold a session on Protecting God's Children. These videos include various topics of safety sexual measures; they are age appropriate. The date of the session will be announced in the yearly class schedule and reminded weeks ahead.**

**If you DO NOT want your child to participate, please check the box.**

I hereby grant St. Juliana Catholic Church the right to photograph and/or videotape my child, 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 above-named participant 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 St. Juliana Catholic Church 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 participants leaving the supervision of St. Juliana Catholic Church. I agree that if any portion of this document is found to be void and unenforceable, the remaining portions shall remain in full force and effect.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date