

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@stjulianawpb.com
Office Assistant: Cflores@stjulianawpb.com
Registration 2022-2023

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 Religious Education Program. 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**

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? Yes ____ No ____

Was the Child Baptized: Yes ____ No ____	Did the child already receive their First Communion? Yes ____ No ____
Where:	Where:
Date:	Date:
Was copy of Certificate given: Yes ____ No ____	Was copy of Certificate given: 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 PreK-5th Classes Every Other Sunday 10:00a.m. to 12:00p.m.		Grades 6th-12th Every Other Sunday 10:00a.m. to 12:00p.m.	
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 will have to take 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