

SACRAMENT PREPARATION AT ST. JUDE: In our Diocese, preparation for ALL Sacraments is a two-year process. First Reconciliation & First Eucharist are 1st & 2nd Grades. Confirmation is 7th & 8th Grades. Copy of the Baptism Certificate is required upon enrollment in ANY Sacrament Prep program.

***Out of Sequence classes are for those children and youth who missed sacraments in the traditional years.**

****Special Needs Class:** Please see Children's Ministries Office for information. **It is a life-long process to learn about our Catholic faith. Enroll every year!**

ACKNOWLEDGEMENT & RELEASE INFORMATION (Initial each area and then sign)

_____ I give my consent to the use of photographs, slides, audiotapes or any other video/audio reproduction in which my child/children may appear. I understand that these materials may be used to promote our Children and Youth Ministries programs through on-line media, bulletin boards, and slide presentations at Mass and church events. I release the staff and volunteers of St. Jude and the Roman Catholic Diocese of Dallas from any liability connected with the use of these named resources.

_____ I will read the policies, procedures and requirements of the St. Jude Religious Education program outlined in the Parent Handbook which is available on-line at www.stjudeparish.com. I understand it is my responsibility to read these policies that apply to the religious education of my child.

_____ I authorize the administration of emergency medical treatment for the child/children of this registration form. I understand I will be notified immediately. If I cannot be reached, I consent to the action of the attending physician, emergency personnel, or dentist. I hereby release St. Jude Catholic Church, the staff and volunteers from liability for action taken pursuant to this release.

_____ Parent/Guardian Signature

_____ Date

VOLUNTEER— Volunteering is a perfect way to message the values you place on learning about the Catholic faith. These opportunities take place at the same time your child is attending.

Children's Ministries		Youth Ministries	
Name:		Name:	
_____ Catechist	_____ Aide	_____ Catechist	_____ Aide
_____ Office Helper	_____ Safety Monitor	_____ Meal Prep	_____ Safety Monitor
_____ Childcare Helper	_____ Substitutes	_____ Substitute	_____ Mission Week
_____ Retreats		_____ Retreats	

PAYMENT

If you are unable to pay at time of registration, please register. You may contact the Children's Ministries office or indicate on the form. Payment plans are available.

No child will be denied registration based on a family's ability to pay.

Registration Program Fees: _____ \$100.00 per family with only one child*

_____ \$125.00 per family with two or more children*

_____ I would like to donate this amount to help another family

*Youth Retreat fees are additional and will be assessed at time of retreats.

HEALTH HISTORY/SPECIAL NEEDS Please indicate any health, or special needs your child(children) may have, including specific allergies, permanent illness, deficiencies, learning differences, etc. This information is crucial to us in order to provide a safe and successful learning environment for all children. **If your child needs to take medication or their allergy is life threatening there is an additional form to be filled out.**

This information will be shared with the class teacher only, and it will not be published.

CHILD'S NAME	ALLERGY/MEDICAL/SPECIAL NEEDS

EMERGENCY CONTACT (other than parent) I give permission for the following person to pick-up my child, and be contacted in an emergency when I am not available.

Name: _____ Relationship: _____

Cell #: _____ Work # _____

A Vision of our Children & Youth programs:
"To lead the young children and their families closer to the love and knowledge of God and His wondrous gifts, and partner with our youth and their families to encounter Christ's unfailing love!"