

# Holy Spirit Catholic Church

11665 Fort Caroline Road, Jacksonville, Florida 32225  
Phone (904) 641-7244 + Fax (904) 641-7266

## FOR OFFICE USE ONLY

Date Received \_\_\_\_\_  
Paid \$ \_\_\_\_\_ Cash/Check # \_\_\_\_\_  
Assignment \_\_\_\_\_

### 2019-2020

#### STUDENT INFORMATION

Student's name \_\_\_\_\_  
First name Middle name Last name

Nickname \_\_\_\_\_ Primary language \_\_\_\_\_

Address \_\_\_\_\_ Home phone # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Emergency phone # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Male/Female

School now attending \_\_\_\_\_ Grade \_\_\_\_\_

Parent's valid email address \_\_\_\_\_

Did the student attend religious education at Holy Spirit Church last year? \_\_\_\_ Yes \_\_\_\_ No Grade \_\_\_\_\_

If the student did not attend religious education at Holy Spirit Church last year, has the student previously received religious education in a Parish Religious Education program, Catholic School or Home School Program? \_\_\_\_ Yes \_\_\_\_ No If yes, where? \_\_\_\_\_

**If Home Schooled, proof of curriculum used by Holy Spirit Religious Education Program will be required.**

**REGISTRATION FEES: \_\_\_\_\_ \$40 FOR 1 CHILD \_\_\_\_\_ \$75 FOR 2 CHILDREN \_\_\_\_\_ \$110 FOR 3 OR MORE CHILDREN**

#### SACRAMENTS RECEIVED BY THE STUDENT

Baptism \_\_\_\_\_  
Date Church City State

First Communion \_\_\_\_\_  
Date Church City State

Do you expect the student to receive a sacrament this year? \_\_\_\_ Yes \_\_\_\_ No

If yes, please specify which sacrament(s) \_\_\_\_\_

**If your child plans on receiving a sacrament, please attach a copy of the Sacramental Certificates received from any other parishes.**

**SACRAMENTAL RETREAT FEES (PER CHILD): \_\_\_\_\_ \$50 FIRST COMMUNION/RECONCILIATION \_\_\_\_\_ \$50 CONFIRMATION**

#### PARENT INFORMATION

Father's Name \_\_\_\_\_ Religion \_\_\_\_\_

Mother's Name \_\_\_\_\_ Maiden \_\_\_\_\_ Religion \_\_\_\_\_

Parent's Marital Status \_\_\_\_ Married \_\_\_\_ Separated \_\_\_\_ Divorced \_\_\_\_ Widowed \_\_\_\_ Remarried \_\_\_\_ Single

Child lives with \_\_\_\_ Both parents \_\_\_\_ Father \_\_\_\_ Mother \_\_\_\_ Guardian

If child lives with guardian: Name \_\_\_\_\_ Religion \_\_\_\_\_

Are you a member of Holy Spirit Church? \_\_\_\_ Yes \_\_\_\_ No Parish Envelope Number \_\_\_\_\_ Mass usually attend \_\_\_\_\_

If registered in another Parish, what is the name of the Parish? \_\_\_\_\_ Envelope Number \_\_\_\_\_

**If you are not registered with Holy Spirit, please complete a parish registration card.**

**ALLERGIES**

On occasion, the religious education program and/or an individual teacher may provide snacks for your child or walk on the church grounds such as to go to confession or prayer. Please list any allergies and/or foods that we may NOT give your child.

\_\_\_\_\_

**PICK UP AUTHORIZATION**

Person(s) authorized to pick up your child (please print) \_\_\_\_\_

\_\_\_\_\_

**ADDITIONAL STUDENT INFORMATION**

Please include in this box any other information you would like to share with us about your child that you believe may be important for us to know:

**ADDITIONAL FAMILY NEEDS**

If your family has any other needs from the Parish, please make a note here for Fr. Amar, Maribel Hernandez or the Parish staff, and give the best daytime phone number or email address at which you can be reached (e.g. marriage needs to be blessed, a baby baptized, an adult confirmed.)

**OPTIONAL PERMISSION FOR PHOTOGRAPHY**

**Photographs for religious and parish use:**

I give Holy Spirit Catholic Church permission to use audio/visual and photographs taken of my child during the Religious Education Program for the purpose of *activities within the child's religious education program* (e.g. crafts, art projects, etc.) and promotion of the religious education program *within* the Parish.

**Photographs for use outside the Parish:**

From time to time, publicity releases for newspapers, television and other media may be prepared about events occurring at the Parish. These may or may not be accompanied by photos or video of students. Holy Spirit Catholic Church or a media representative may prepare the releases.

I give permission for my child's name and likeness to be included in such publicity releases.

**SIGNATURE OF PARENT/GUARDIAN** \_\_\_\_\_ **DATE** \_\_\_\_\_

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I, (name of parent/guardian) \_\_\_\_\_, give my child  
(name of child) \_\_\_\_\_ permission to enter the classroom,  
for CCD, and leave the classroom, at CCD dismissal instead, of me dropping off (signing in) and  
picking up (signing out) personally for the 2019-2020 CCD year. By signing this form I am  
releasing Holy Spirit Catholic Church and/or Holy Spirit Catholic School from all liability should  
this child become injured before class begins and after class dismissal.

Child's CCD Grade \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

**Signed form must be returned or parent/guardian will have to sign the child in/out of class.**

# REGISTER TODAY!



## Religious Education

2019-2020 Holy Spirit Catholic Church

CCD Registration Packet

**Please return completed forms to the church office or email to:**

Maribel Hernandez, DRE  
Mhernandez@HolySpiritChurchJax.org

Payments may be dropped off at church office, put in red mailbox outside of church office or mailed to:

Holy Spirit Catholic Church, 11665 Fort Caroline Rd, Jacksonville FL 32225  
Make checks payable to: Holy Spirit Catholic Church

**Parent Meeting:**

**August 18<sup>th</sup> in Family Life Center at 9:30 AM**

**First CCD Class:**

**August 25<sup>th</sup> 9:30 – 10:45 AM**

(On first day of class only, everyone will meet at Family Life Center by 9:30am)