

# Holy Spirit Church

## 2025-2026 CCD Registration Form

### FOR OFFICE USE ONLY

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

Assignment \_\_\_\_\_ Paid \$ \_\_\_\_\_

Paid by Cash/Online/Check # \_\_\_\_\_

### 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? \_\_\_\_\_

**REGISTRATION FEES: \_\_\_\_\_ \$40 (1 CHILD) \_\_\_\_\_ \$75 (2 CHILDREN) \_\_\_\_\_ \$110 (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? \_\_\_\_\_

**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 note any other information you would like to share 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. John Peter, Mrs. Gomez, 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, annulment, baptism, an adult confirmed.)

**CHILD PHOTOGRAPHY RELEASE**

Without compensation, I hereby grant permission to the Catholic Diocese of St. Augustine and Holy Spirit Catholic Church to use and reproduce photographs and/or video taken of my child. These photographs may be used for news and editorial purposes in publications and other electronic reproductions (websites and video, including livestream) and/or brochures. In addition, I grant my permission to alter the same photos without restriction and to copyright the same. I hereby release the photographer, the journalists and the publications or media outlets they represent, as well as the parish/church and/or school involved, the Bishop of the Diocese of St. Augustine, a corporation sole, the Catholic Diocese of St. Augustine and all of their employees and agents, from all claims and liability relating to said photographs.

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

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## 2025-2026 CCD Registration Form

### GRADES 3 THRU 8 ONLY

(GRADES K THRU 2 MUST BE PICKED UP BY PARENT/GUARDIAN)

I, (name of parent/guardian) \_\_\_\_\_, give my child

(name of child/children) \_\_\_\_\_

permission to enter the classroom, for CCD, and leave the classroom, at CCD dismissal instead, of me dropping off and picking up personally for the 2025-2026 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:**    ☐ 3    ☐ 4    ☐ 5    ☐ 6    ☐ 7    ☐ 8

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

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



## **2025-2026 Holy Spirit Catholic Church**

### **CCD Registration Packet**

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

Director, Religious Education

**cgomez**@HolySpiritChurchJax.org

(904) 641-7244

Payments may be dropped off at church office, put in 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

You can also pay online at our website (select **Online Giving** and "CCD" for Fund)

### **Information Session:**

**TUESDAY, August 24<sup>th</sup> 9:30 a.m. @ Family Life Ctr**

### **First CCD Class:**

**Sunday, September 7<sup>th</sup> 9:30 – 10:45 a.m. @ School**