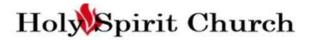


FOR OFFICE USE ONLY							
Date Received							
Assignment	Paid \$						
Paid by Cash/Online/Check #							

		STUDENT INFO	ORMATION			
Student's name						
First na	··· <del>·</del>	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 educa-	tion at Holy Spirit Church	last year?Ye	esNo Gra	de		
If the student did <u>not</u> attend religious of program, Catholic School or Home Sch		-			_	
REGISTRATION FEES:	\$40 (1 CHILD)	\$75 (2	2 CHILDREN)	\$110 (3 OR MC	RE CHILDREN)	
	SACRA	MENTS RECEIVE	ED BY THE STUDE	<u>NT</u>		
BaptismDate	Church		City		State	
Date	Charen		City		State	
First CommunionDate	Church		City		 State	
Date	Charen		City		State	
Do you expect the student to receive a	sacrament this year?	Yes1	No			
If yes, please specify which sacrament(	s)					
If your child plans on	receiving a sacrament, ple	ease attach a copy o	f the Sacramental Cer	tificates received from any other	parishes.	
SACRAMENTAL RETREAT FEES (PER CHILD):\$50 FIRST COMMUNION/RECONCILIATION\$50 CONFIRMATION						
		PARENT INFO	<u>ORMATION</u>			
Father's Name			Reli	gion		
Mother's Name	Maiden		Relig	gion		
Parent's Marital StatusMarri	edSeparated	Divorced	Widowed	RemarriedSir	ngle	
Child lives withBoth parents	Father	Mother	Guardian			
If child lives with guardian: Name			Religi	on		
Are you a member of Holy Spirit Churc	h?Yes	_No Parish Envelo	ppe Number	Mass usually attend		
If registered in another Parish, what is	the name of the Parish? _					
	If you are not registered	d with Holy Spirit, pl	ease complete a paris	h registration card.		

<u>ALLERGIES</u>
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:
<del></del>
PICK UP AUTHORIZATION
Person(s) authorized to pick up your child (please print)
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



## 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 classr	oom, for (	CCD, and	leave the	classroon	n, at CCD	dismissal instead,	
of me dropping off and picking	g up perso	onally for	the 2025-	-2026 CCI	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:	<b>3</b>	<b>4</b>	<b></b> 5	<b>G</b> 6	<b>1</b> 7	□ 8	
SIGNATURE OF PARENT/GUARDIA	.N				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