

Holy Spirit Church

2026-2027 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** _____

Holy Spirit Church

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 2026-2027 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.



Education Registration

2026-2027 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:

Sunday, 8/30/26 @9:30 a.m. in Family Life Ctr

First CCD Class:

Sunday, September 13th 9:30 – 10:45 a.m. @ School