



St. Jude the Apostle Cathedral  
Cathedral Parish of the Diocese of St. Petersburg



August 27, 2017

Dear Faith Formation Families,

Welcome to a new year of our parish's Fire Faith Formation program! Fire is our parish's youth faith formation for children in Pre-K 4 through 5<sup>th</sup> grade. (Parents of children in 2<sup>nd</sup> grade who will be receiving their First Communion this year will register their child for the First Communion Program separately.) Fire is the foundation of our lifelong faith formation program, which continues with Edge for middle school, Life Teen for high school, and our adult faith formation programs. Along with Fr. Waters, our clergy, and our team of catechists, I look forward to working with you and your family this year.

Our program was named "Fire" in 2013 with the hope that through the Holy Spirit and our catechists, we can instill in our children a knowledge of and a love for Christ. Fire seeks to educate the mind, the heart, and the spirit in developmentally-appropriate ways that plant seeds for lifelong discipleship.

Fire will meet on Sundays after the 9:30 Mass in the St. John Paul II Building of the Cathedral School. Classes run from approximately 10:45 to 11:45 for the Pre-K, Kindergarteners and 1<sup>st</sup> grade, and from 10:45 to noon for the other grades.

In this packet you will find the full schedule for Fire as well as information about our Safe Environment Policy and Code of Conduct and several forms that must be returned to the parish office as soon as possible. Please also note that there is a mandatory parent meeting on Sunday, September 17 and safe environment presentations on October 1 (Pre-K-2<sup>nd</sup> Grade) and 8 (3<sup>rd</sup>-5<sup>th</sup> Grade).

If you have any questions, comments, or concerns, please feel free to contact me. May God's blessings be with you and your family as we begin this new year!

Yours in Christ,

A handwritten signature in blue ink that reads "John M. Barron".

John Barron

Evangelization and Lifelong Faith Formation





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2017-18 FIRE  
Registration

Student Name: \_\_\_\_\_ Envelope #: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
(Street) (Apt #)  
\_\_\_\_\_  
(City) (State) (Zip Code)

School Attending: \_\_\_\_\_

Birth Date: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Gender: M F

Birth Place: \_\_\_\_\_ Grade level 2017-2018: \_\_\_\_\_  
(City) (State)

Known Allergies/Special Considerations: \_\_\_\_\_  
\_\_\_\_\_

**Parent/Guardian Contact**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Marital Status: \_\_\_\_\_  
Cell Phone# \_\_\_\_\_ Religion: \_\_\_\_\_  
Email: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Marital Status: \_\_\_\_\_  
Cell Phone# \_\_\_\_\_ Religion: \_\_\_\_\_  
Email: \_\_\_\_\_

Emergency  
Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

+++++  
**PLEASE RETURN THIS FORM ALONG WITH PROGRAM PAYMENT TO THE PARISH OFFICE BY  
SEPTEMBER 15, 2017. IF PROPER FORMS ARE NOT RECEIVED, YOUR CHILD WILL NOT BE  
REGISTERED AND WILL NOT BE ABLE TO PARTICIPATE.**

**Registration Fee: \$50** (\$75 total for 2 children in Fire, \$100 total for 3+ children in Fire)  
*Please make all checks payable to: **St. Jude the Apostle Cathedral***

<b>For Office Use:</b> Check# _____ Cash _____ Date Paid _____ Amount Paid _____ Bapt Cert/Info _____ Safe Environment Acknowledgement _____ Media Release _____ Medical Release _____ Permission Slip _____
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**Parish Name: ST. JUDE THE APOSTLE CATHEDRAL**  
**Parish Address: 5815 5<sup>TH</sup> AVE. N, ST. PETERSBURG, FL 33710**  
**Parish Phone Number: (727) 347-9702**

IN CASE OF AN ACCIDENT OR SERIOUS ILLNESS, THE ABOVE PARISH WILL CONTACT THE PARENT/GUARDIAN LISTED BELOW. IF THE PARISH IS UNABLE TO REACH THEM, OR ANY OTHER PERSON DESIGNATED, THEN I HEREBY AUTHORIZE THE CHURCH AND ITS REPRESENTATIVES TO CONTACT MY CHILD'S PHYSICIAN AND/OR MAKE ARRANGEMENTS FOR IMMEDIATE EMERGENCY TREATMENT. PAYMENT OR FEES FOR ALL MEDICAL SERVICES WILL BE THE RESPONSIBILITY OF THE PARENT/GUARDIAN. **THIS MEDICAL RELEASE IS VALID FROM AUGUST 1, 2017 UNTIL JULY 31, 2018 AND FOR ALL EVENTS THROUGHOUT THE YEAR.** I UNDERSTAND THAT IT IS THE PARENT'S RESPONSIBILITY TO UPDATE THIS FORM AS NECESSARY THROUGHOUT THE YEAR.

Youth's Name: \_\_\_\_\_

Parent or Legal Guardian's Name \_\_\_\_\_ Phone(s) \_\_\_\_\_

Emergency contact information: \_\_\_\_\_

Family Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Co. Name \_\_\_\_\_ Medical Insurance: ID number \_\_\_\_\_

Group Number \_\_\_\_\_ Cardholder's Name \_\_\_\_\_

**Health Information**

List all medications taken daily and/or regularly: \_\_\_\_\_

Youth/participant's allergies, if any, including medication and food allergies: \_\_\_\_\_

Youth/participant's chronic medical problems (e.g. diabetes, epilepsy): \_\_\_\_\_

Youth/participant's other physical restrictions or dietary requirements (if any): \_\_\_\_\_

Date of Tetanus: \_\_\_\_\_ Other medical: \_\_\_\_\_

**Other medical treatment:** In the event it comes to the attention of the Church representatives, volunteers or employees that my child has become ill with symptoms such as headaches, vomiting, sore throat, fever, diarrhea, I want to be called collect.

**My child may be given:** Tylenol (circle: yes / no); Ibuprofen (circle: yes / no); Throat lozenges (circle: yes / no); Benadryl (circle: yes / no).

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**STATE OF FLORIDA, COUNTY OF \_\_\_\_\_**

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ who [ ] is personally known to me, or [ ] who produced the following as identification \_\_\_\_\_.

(SEAL)

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Typed or printed name

Commission No. \_\_\_\_\_

## Promotional Media Release

During the 2017-18 Pastoral Year, \_\_\_\_\_ may participate  
(Youth Name)

in videotape, motion picture, audio recording or still photograph productions that involve the use of students' names, likenesses or voices. Such productions may be used for educational or exhibition purposes by St. Jude the Apostle Cathedral in perpetuity and may be copied, copyrighted, edited, and distributed by St. Jude the Apostle Cathedral in perpetuity unless said consent is revoked in writing.  
(Parish Name)

News media, including representatives of television, radio, newspapers and magazines, also often are permitted on parish property and may take notes, still, photos, sound recordings and/or moving pictures that may include your child. These items may appear or be used in news or feature stories by print, television or radio media.

You have the right to object to the use of your child's name, picture or voice in these productions and may do so by completing the form below and returning it to the Parish Director of Faith Formation for St. Jude the Apostle Cathedral.  
(Parish Name)

If you have any questions, please contact the faith formation office at:  
office@cathedralofstjude.org or (727) 347-9702. Please return this form by September 15, 2017.  
(Date)

I/We, the undersigned, **do/do not** hereby consent that:  
(Circle One)

St. Jude the Apostle Cathedral may use the name, portrait, or other likeness of my child for  
(Parish Name)  
St. Jude the Apostle Cathedral bulletin boards, Website, news releases, media and promotional activities.  
(Parish Name)

This consent is renewed at the beginning of each Faith Formation Program Year.

**(complete one for each child)**

Student's Name

Date of Birth

\_\_\_\_\_  
Father or Legal Guardian's Name (print)

\_\_\_\_\_  
Father or Legal Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother or Legal Guardian's Name (print)

\_\_\_\_\_  
Mother or Legal Guardian's Signature

\_\_\_\_\_  
Date

**ST. JUDE THE APOSTLE CATHEDRAL**  
**Parent/Student Parish Faith Formation Policy Acknowledgement Form**  
**ACKNOWLEDGEMENT**

I acknowledge that I have received, read, understand and my child/children agree to abide by the Policies contained in the Parent/Student Faith Formation Handbook including the local Parish program policies and Procedures, the Harassment Policy in Non-Employment Situations and the Safe-Environment Policies of the Diocese of St. Petersburg.

Please check all that apply and sign/print/date as appropriate in the spaces provided.

\_\_\_ My Child/Children and I will attend the Parent/Student Safe Environment Education program sessions as scheduled—Student sessions within the regular program class time—Parent sessions as indicated on the Faith Formation/Parish Calendar

\_\_\_ I cannot attend the Parent Safe Environment Education Program, but I wish to receive all additional (beyond handbook policies) materials related to the Safe Environment Parent/Student Education Program

\_\_\_ I do not wish to receive the materials (beyond handbook policies) related to the Safe Environment Parent/Student Education Program

\_\_\_\_\_  
(Signature) Parent/Guardian

\_\_\_\_\_  
(Signature) Parent/Guardian

\_\_\_\_\_  
(Name Printed) Parent/Guardian

\_\_\_\_\_  
(Name Printed) Parent/Guardian

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Student Name(s) Printed

\_\_\_\_\_  
Signature(s) Student(s)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Parish