



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



August 27, 2017

Dear Parish Families,

Welcome to our parish's First Holy Communion Program! Fr. Waters, our clergy, our catechists, and I are excited to journey with you and your family towards your child's First and Frequent reception of the Holy Eucharist. Traditionally in the Church, First Holy Communion has been seen as the completion of one's initiation into the life and work of the Church and was administered simultaneously to the Sacrament of Confirmation. Pope St. Pius X in the early 20th century made it so that all who had reached the "age of reason" (roughly 7 years old) would be able to receive Jesus in the Eucharist and encouraged more frequent reception of the sacrament by all. This is a special year for your child and your family and our prayer is that as we journey to this Most Blessed Sacrament together, your entire family will experience spiritual growth.

In this registration packet, you will find a complete calendar for our program. Regular meetings will be weekly on Sundays following the 9:30 Mass. You will also notice that we will have First Reconciliation in January and a day retreat in February. There are also several forms that need to be returned to the office as soon as possible to get your child signed up for the program.

As we prepare the children to receive the Eucharist it is important that we, as the adults in their lives, live the gospel so as to give good example to them. Here are some ways you can do that:

- Attending Mass on Sundays and Holy Days of Obligation.
- Making your own faith a priority by seeking the opportunities for adult faith formation in the parish.
- Supporting a parish ministry with the gift of your time and talents.
- Having regular family prayer time and discussing the Eucharist with your child.
- Returning to the Sacrament of Reconciliation, especially if it's been awhile.
- Setting an example of gratitude to God by rising to the biblical call of tithing.

While our teachers do a wonderful job of explaining the sacraments, it is truly your example that will have the greatest impact on the faith formation of your child. If you have any questions about this or about our First Holy Communion program, please do not hesitate to reach out to us.

Yours in Christ,

Handwritten signature of John M. Barron in blue ink.

John Barron
Director of Evangelization and Lifelong Faith Formation



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First Holy Communion Registration

Please attach to this form a copy of your child's Baptism Certificate.

If your child was baptized at St. Jude you do not need to attach certificate; please check this box:

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 _____

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PLEASE RETURN THIS FORM ALONG WITH YOUR CHILD'S BAPTISMAL CERTIFICATE (IF APPLICABLE) AND 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**

For Office Use:	Check# _____	Cash _____	Date Paid _____	Amount Paid _____	Bapt Cert/Info _____
	Safe Environment Acknowledgement _____	Media Release _____	Medical Release _____	Permission Slip _____	

Parish Name: ST. JUDE THE APOSTLE CATHEDRAL
Parish Address: 5815 5TH 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