

Basilica of the Immaculate Conception

Religious Education and Sacramental Preparation for Youth
121 East Duval Street, Jacksonville, FL 32202 / 904-359-0331
2020-2021 School Year

Date Received _____
Assignment _____
Payment _____

STUDENT INFORMATION

Student's Name _____
(First name) (Middle name) (Last name)

Street _____ Home Phone # _____

City _____ State _____ Zip _____ Emergency Phone # _____

Date of Birth _____ Place of Birth _____ Male/Female (Circle one)

School Now Attending _____ Grade _____

Parent's Email Address: _____ Parent's Primary Language: _____

Did the student attend religious education at Immaculate Conception last year? ___ Yes ___ No. If yes, what grade / class _____

If the student did not attend religious education at Immaculate Conception last year, has the student previously received religious education in a CCD program, Catholic school, or home school program? ___ Yes ___ No

If yes, when and where? _____

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 yes, please attach a copy of the Sacramental Certificates received from any other parish.*

PARENT INFORMATION

Father's Name _____ Religion _____

Mother's Name _____ Maiden Name _____ Religion _____

Parent's Marital Status: ___ Married, ___ Separated, ___ Divorced, ___ Remarried, ___ Single

Child lives with: (please select one): ___ Both parents, ___ Father, ___ Mother, ___ Guardian

If child lives with a Guardian,

Guardian's Name _____ Religion _____

Are you a member of Immaculate Conception Parish: ___ Yes ___ No If yes, Parish Envelope Number _____

If registered in another Parish, what is the name of the Parish? _____, Envelope Number _____

If you are not registered with a parish, please complete a parish registration form available at the office, in the bulletin, or on our website.

FOOD ALLERGIES

On occasion, the religious education program and/or an individual teacher may provide snacks for your child. Please list any foods that we may NOT give to your child: _____.

Signature of Parent / Guardian: _____ Date: _____

(Over)

OPTIONAL PERMISSION FOR PHOTOGRAPHS

Photographs for religious education and parish use:

I give the Basilica of the Immaculate Conception permission to use, without compensation, any audio / visuals and photographs taken of my child during the religious education program for the purposes of *activities within the child's religious education program* (e.g. crafts, art projects, etc.) and promotion of the religious education program *within* the Parish.

Parent's Signature

Photographs for use outside the parish:

From time to time, publicity releases for newspapers, television, and other media may be prepared about events occurring at the Parish. These may or may not be accompanied by photos or videotape of students. Without compensation, I hereby grant permission to the Catholic Diocese of Saint Augustine 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) 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 Saint Augustine and all of their employees and agents, from all claims and liability relating to said photographs.

Parent's Signature

ADDITIONAL STUDENT INFORMATION

Please include in this box any other information you would like to share with us 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 write a note here for the pastoral team.