

Parish Religious Education
Registration 2021-2022



5205 A1A S., St. Augustine, FL 32080

Home Study ☐

Student's Full Name: _____
(Please print clearly) Last First Full Middle

Date of Birth: _____ Gender: ☐ Male / ☐ Female

Name of School 2021-2022: _____ Grade: _____

Location of Religious Education Program last year (2020-2021): _____

Baptism (Church Name & Address and Date of Baptism): _____
_____ (A Copy of the Student's Baptismal certificate required)

1st Communion: ☐ Yes / ☐ No (Church, City, State): _____

Parent/Guardian Last Name: _____

Parent/Guardians' Names: _____
Mother/Legal Guardian Father/Legal Guardian

Mailing Address: _____
Street City Zip

Contact Phone Numbers: _____
Mother/Legal Guardian Father/Legal Guardian

Contact Email: _____
Mother/Legal Guardian Father/Legal Guardian

Student Resides with: _____

Please list any special situations we should be aware of regarding your child: (Allergies, dietary restrictions, educational needs, family...)

Emergency Contact: In the event you cannot be reached, please list the following:

First & Last Name: _____

Phone: _____

For Office Use Only	
Amount Due: _____	
Amount Paid: _____	
Date: _____	
<input type="radio"/> Check # _____	
<input type="radio"/> Cash: _____	<input type="radio"/> Credit Card

Program Fees:

- ☐ 1 child.....\$70.00
☐ 2 children.....\$85.00
☐ 3 or more children.....\$95.00

Credit cards are accepted.

☐ Visa ☐ MasterCard

Acct. #: _____

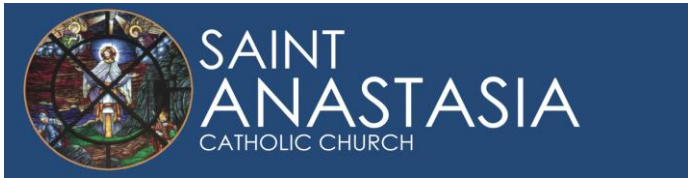
CVV #: _____

Expiration Date: _____

Scholarships available

Contact Denise Pressley at the Parish Office

Please complete both sides of this form



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**Diocese of St. Augustine
Parent Permission and Release of Liability**

Name of Child: _____

Name of Parent or Legal Guardian: _____

Name of Parish: St. Anastasia Catholic Church

Name of Program: Parish Religious Education Program [PREP]

Dates: Wednesday evenings September 1, 2021 through May 4, 2022

The above child is eligible to participate in above parish-sponsored program. This program will take place under the guidance and supervision of employees/volunteers from the above parish.

If you would like your child to participate in this event, please read, complete, sign and return this form which includes your consent, as well as a full release of liability. As parent or legal guardian, you remain fully responsible for any acts of the named child during this activity.

Please list any known allergies: _____

Physician's Name: _____ Telephone Number: _____

The undersigned parent, guardian or legal representative hereby consents to the participation of the above-noted child in the event described and further consents to the conditions stated above on participating in this event.

For and in consideration of the child being allowed to participate in this event, and other valuable consideration, the undersigned parent, guardian or legal representative, on behalf of the child and the child's parents, personal representatives, assigns, heirs, and next of kin, does hereby release and hold harmless the Diocese of St. Augustine, Bishop Felipe J. Estévez, S.T.D., as Bishop of the Diocese of St. Augustine, a corporation sole, Bishop Felipe J. Estévez, S.T.D., individually, the above-noted parish, and employees and agents of said parties engaged in this particular event, their personal representatives or assigns, from any loss or damage on account of any injury to the person or the personal property, of the child, or death, caused by negligence or otherwise, while the child is engaged in the above-stated event or in transportation to and from said event. The undersigned expressly agrees that this release, waiver and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of Florida, and that if any portion of this Agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

The undersigned parent, guardian, legal representative further acknowledges that he/she is authorized to enter this Agreement on behalf of the child, and the child's parents, personal representatives, assigns, heirs, and next of kin.

Parent / Guardian Signature: _____ Date: _____

Please complete both sides of this form