



SAINT JOACHIM Catholic Church

OFFICE USE ONLY/OFICINA SOLAMENTE:

Date _____ Amount \$ _____ Receipt # _____
 CASH CREDIT CARD VIRTUS: Yes No
 Certificates: Yes/No

1 st Year 2nd Year Systematic
 (Sacramental preparation requires 2 consecutive years)

Name of Participant _____ Last Name _____
 Date of Birth _____ Age _____ Grade _____ Male Female
 Phone # _____ Email _____
 Home Address _____ City _____ State _____

Family Information

First /Last Name of Father _____ Religion _____
 Phone No. _____ E-mail _____
 First/Last Name of Mother _____ Religion _____
 Phone No. _____ E-mail _____
 Home Address _____ City _____ Zip Code _____

Indicate which sacrament your son/daughter needs: (Check one box)

Baptism **Confession/First Holy Communion** **Confirmation** **1yr or Systematic**

NOTE: *If participant IS baptized, please provide a copy of the BAPTISMAL CERTIFICATE / FIRST COMMUNION
 If participant IS NOT baptized, please provide a copy of the BIRTH CERTIFICATE.*

Provide the applicable copy of certification

In case of an **EMERGENCY**, who may we contact if we are unable to contact you? **Please inform them that you have them as contacts.**

First/Last Name _____ Phone No. _____
 Relationship to participant _____
 First/Last Name _____ Phone No. _____
 Relationship to participant _____

Does your son/daughter have any learning disabilities or medical problems? YES NO

If YES, please specify _____

Is your son/daughter currently taking any medication or have any allergies? YES NO

If YES, please specify _____

I, _____, do hereby give permission as the parent or guardian of _____, to be treated for a medical emergency in my absence while participating in the Religious Education Program at St Joachim Catholic Church. The Director(s) or Volunteers may act as an agent in my absence. In case of an accident, I do not hold the Archdiocese of Miami, the Parish, its staff, or adult volunteers responsible for any medical treatment.

Parent/Guardian Signature _____ Date _____



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Do you have other children attending the Religious Education program this year? YES NO

If YES, please list their names _____

Legal Consents

I, _____, hereby authorize the making and the publication of photographs, video, recordings, or other memorializing of my son/daughter while participating in the preparation of the sacrament. I hereby waive the right to compensation, and I also agree that these items will be used only for a parish event.

Parent/Guardian Signature _____ Date _____

The VIRTUS® program helps the Church to be a safe haven for children and a messenger to prevent child sexual abuse within the Church and society at large. We seek to achieve this noble goal through our child sexual abuse prevention program: Protecting God's Children®. I give permission to the Faith Formation catechesis team to present the Safeguarding God's Children® Safety Program to my child.

OPT OUT

OPT IN

Parent / Guardian Signature: _____ Date _____

ACKNOWLEDGMENT AND CONSENT OF DIVORCED / SEPARATED PARENTS OR LEGAL GUARDIANS

We, _____ **(Please Print Parent / Guardian Name (s))**
hereby acknowledge that we have read and understand the Notice of Parental / Guardian Rights and Responsibilities divorced / separated legal guardians when enrolling a child in a faith formation program. We consent to the enrollment of _____ **(Print Name of Student)** in the St Joachim Religious Education Program and consent to receive the sacraments. (For children who have not yet been baptized as Catholic, or for children preparing to receive First Communion, Reconciliation, Confirmation, both parents and / or legal guardians must give their consent) **(Submit legal paperwork if applicable)**

Signature of parent / legal guardian (enrollment) _____ Date _____

Signature of parent / legal guardian (not enrolled) _____ Date _____



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CONSENT FOR ONLINE EDUCATION PLATFORMS

Our web-based learning will involve your child using third-party apps that could include Google Classroom for Education (including Meet, Hangouts, and G Suite). I hereby give permission for my child(ren) to participate in the online educational platforms used by St. Joachim Catholic Church for the school year. (If applicable)

* If my child uses the camera and microphone features on these platforms, my permission is implied and granted.

* I understand online educational meetings may be recorded per diocesan policy. If I do not wish for my child to be recorded, it is my responsibility to ensure the camera/microphone is turned off.

* I further understand that there is a potential of third-party interference (hacking), and therefore, I will be monitoring each session. I have spoken to my child about what to do should this occur.

* Students/parents/guardians should not take photos, screenshots, or record any video or audio, from these conference sessions.

Parent's/Guardian's
 Signature _____ Date _____

IMPORTANT

The Religious Education program is taught in English classes and classes in Spanish. Please indicate which language is best for your child to better write and express himself / herself and understand their faith formation. Please indicate your choice.

English program _____ Spanish program _____

Your child's registration will not be complete until all forms have been signed and submitted and the registration payment has been made. If you experience any problems completing the forms or making the payment, please contact us via email g.torres@stjoachimcc.org or call our parish office at 305-233-1278.

(No child will be excluded due to financial problems. Payment alternatives will be provided)

Payment fees are listed in Registration Payment Link. Follow prompts. One application should be submitted per each student along with copies of required documents. Read the available options to submit paperwork.



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