

St. Maximilian Kolbe Religious Education  
**High School Program – RCIA – YEAR 1**



**RITE OF CHRISTIAN INITIATION FOR ADULTS**

**High School Faith Formation for Sacramental Initiation**

**9<sup>th</sup> Grade – 12<sup>th</sup> Grade Students ONLY**

**Thursday Evenings 7:00pm – 8:30pm - St. Max Education Center**

Sessions begin in September

**RCIA high school prepares you for:**

**BAPTISM - FIRST COMMUNION – CONFIRMATION**

**RCIA High School is a journey of faith leading to a conversion of heart and a closer relationship to Christ. It is a path toward sacraments. It empowers you to follow Jesus through a life of service, charity, and justice.**

**How does this happen?** During the 2 year discernment process of weekly sessions, attending Mass, Retreats, participating in Works of Mercy . . .

Complete the attached Registration Form and attach a copy of your Baptismal Certificate. Return to the Church or Religious Education Office.

**Registration Fee \$185.00**

**Full payment or a minimum \$60 deposit is due with Registration Form. (Cash/Check/Debit/Credit)**

A minimum deposit automatically puts your family on a Payment Plan.  
Financial Assistance is considered on an individual need through the Director of Religious Education.

For more information, contact the Religious Education Office 954-885-7260 / reled@stmax.cc  
Maryann Hotchkiss, Director

**ST. MAXIMILIAN KOLBE RELIGIOUS EDUCATION 2017 – 2018**  
**R.C.I.A. / HIGH SCHOOL YEAR 1 Meets Thursdays 7:00 – 8:30pm**

ST. MAX OFFERTORY ENVELOPE NUMBER \_\_\_\_\_

TODAY'S DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

REGISTRATION FEE: \$185.00
CHECK # _____ CASH ____
DEBIT / CREDIT _____
FULL PAYMENT _____
PARTIAL PYMT _____

DO YOU HAVE OTHER CHILDREN REGISTERED IN RELIGIOUS EDUCATION FOR 2017 – 2018? YES \_\_\_\_ NO \_\_\_\_

**FAMILY INFORMATION**

<p><b>CIRCLE</b> BIRTHFATHER / STEPFATHER / GUARDIAN</p> <p>LAST NAME _____</p> <p>FIRST NAME _____</p> <p>TITLE _____</p> <p>RELIGION _____</p> <p>PRIMARY LANGUAGE _____</p> <p>MARITAL STATUS _____</p> <p>PLACE OF EMPLOYMENT _____</p> <p><u>PHONE NUMBERS</u></p> <p>_____ HOME</p> <p>_____ CELL TEXT MSG: YES NO</p> <p><b>CIRCLE</b> AT&amp;T METRO PCS SPRINT T-MOBILE VERIZON</p> <p>_____ OFFICE</p> <p>MAILING ADDRESS _____</p> <p>CITY _____ ZIP _____ PARENT E-MAIL _____</p> <p>CHILDREN RESIDE WITH <b>circle one</b></p> <p>FATHER &amp; MOTHER / MOTHER ONLY / FATHER ONLY / MOTHER &amp; STEPFATHER / FATHER &amp; STEPMOTHER / LEGAL GUARDIAN</p>	<p><b>CIRCLE</b> BIRTHMOTHER / STEPMOTHER / GUARDIAN</p> <p>LAST NAME _____</p> <p>FIRST NAME _____</p> <p>TITLE _____</p> <p>MAIDEN NAME _____</p> <p>RELIGION _____</p> <p>PRIMARY LANGUAGE _____</p> <p>MARITAL STATUS _____</p> <p>PLACE OF EMPLOYMENT _____</p> <p><u>PHONE NUMBERS</u></p> <p>_____ HOME</p> <p>_____ CELL TEXT MSG: YES NO</p> <p><b>CIRCLE</b> AT&amp;T METRO PCS SPRINT T-MOBILE VERIZON</p> <p>_____ OFFICE</p> <p>MAILING ADDRESS _____</p> <p>CITY _____ ZIP _____ PARENT E-MAIL _____</p> <p>CHILDREN RESIDE WITH <b>circle one</b></p> <p>FATHER &amp; MOTHER / MOTHER ONLY / FATHER ONLY / MOTHER &amp; STEPFATHER / FATHER &amp; STEPMOTHER / LEGAL GUARDIAN</p>
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**EMERGENCY INFORMATION**

<u>LOCAL EMERGENCY CONTACT (OTHER THAN PARENT AND NOT LIVING AT SAME ADDRESS) PHOTO ID REQUIRED</u>	
NAME _____	RELATIONSHIP TO STUDENT _____
PHONE _____ HOME /OFFICE/ CELL	PHONE _____ HOME /OFFICE/ CELL
<u>ADDITIONAL PERSONS AUTHORIZED TO PICK UP STUDENT PHOTO ID REQUIRED</u>	
NAME _____	RELATIONSHIP TO STUDENT _____
PHONE _____ HOME /OFFICE/ CELL	PHONE _____ HOME /OFFICE/ CELL
NAME _____	RELATIONSHIP TO STUDENT _____
PHONE _____ HOME /OFFICE/ CELL	PHONE _____ HOME /OFFICE/ CELL

TURN OVER FOR STUDENT INFORMATION

FAMILY NAME: \_\_\_\_\_

**STUDENT INFORMATION**

**LEGAL NAME AS APPEARS ON BIRTH CERTIFICATE**

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_

MALE FEMALE BIRTHDATE \_\_\_\_\_ AGE \_\_\_\_\_

PLACE OF BIRTH CITY \_\_\_\_\_ STATE \_\_\_\_\_

FLUENT LANGUAGES \_\_\_\_\_ STUDENT E-MAIL ADDRESS \_\_\_\_\_

STUDENT CELL PHONE NUMBER \_\_\_\_\_ PERMISSION TO TEXT MESSAGE \_\_YES \_\_NO

**CIRCLE** AT&T METRO PCS SPRINT T-MOBILE VERIZON

GRADE IN SEPTEMBER 2017 \_\_\_\_\_ HIGH SCHOOL NAME: \_\_\_\_\_

EXTRACURRICULAR ACTIVITIES \_\_\_\_\_

ATTENDED RELIGIOUS EDUCATION CLASSES / RCIA HIGH SCHOOL OR CATHOLIC SCHOOL 2016-2017 YES / NO WHERE? \_\_\_\_\_

**MEDICAL ALERT:** Indicate any medical condition \_\_\_\_\_ **LEARNING CHALLENGES:** Indicate any learning difficulties \_\_\_\_\_

**SACRAMENT INFORMATION**

**BAPTISMAL CERTIFICATE REQUIRED AT REGISTRATION**

CHURCH OF BAPTISM: **ROMAN CATHOLIC** YES / NO \_\_\_\_\_ CHURCH NAME \_\_\_\_\_

LOCATION OF BAPTISM CITY \_\_\_\_\_ STATE \_\_\_\_\_ COUNTRY \_\_\_\_\_

RECEIVED FIRST RECONCILIATION? NO \_\_\_\_ YES \_\_\_\_ CHURCH NAME \_\_\_\_\_  
(CONFESSION)

RECEIVED FIRST COMMUNION? NO \_\_\_\_ YES \_\_\_\_ CHURCH NAME \_\_\_\_\_

**OFFICE USE ONLY**

BIRTH CERTIFICATE \_\_\_\_\_ BAPTISM CERTIFICATE \_\_\_\_\_ CONTRACT PRESENTED \_\_\_\_\_

CATECHUMEN \_\_\_\_\_ CANDIDATE \_\_\_\_\_ POF \_\_\_\_\_ FULL RECEPTION \_\_\_\_\_

SACRAMENTS TO RECEIVE \_\_\_\_\_  
BAPTISM RECONCILIATION EUCHARIST CONFIRMATION

SPONSOR NAME \_\_\_\_\_ CONFIRMATION NAME \_\_\_\_\_

ST. MAXIMILIAN KOLBE RELIGIOUS EDUCATION  
2017 – 2018 PAYMENT PLAN FOR REGISTRATION FEES

**All Registration Fees are to be paid in full by March 15, 2018.**

Suggested Payment Options: A) Make Full Payment.

B) Make 3 Payments – Nov., Jan., and March.

**Payments are Due by the 15<sup>th</sup> of the Month.**

Payment Plan does not include any additional Sacrament Material Fees.

**ONE STUDENT**

**Three Payments**

Deposit	Registration	\$60.00
Nov. 15, 2017	1 <sup>st</sup> Payment Due	\$41.67
Jan. 15, 2018	2 <sup>nd</sup> Payment Due	\$41.67
Mar. 15, 2018	Final Payment	\$41.66

\***Additional Sacramental Materials Fee** of \$60 for each child receiving sacraments this year due prior to sacrament.

**TWO STUDENTS**

**Three Payments**

Deposit	Registration	\$60.00
Nov. 15, 2017	1 <sup>st</sup> Payment Due	\$55.00
Jan. 15, 2018	2 <sup>nd</sup> Payment Due	\$55.00
Mar. 15, 2018	Final Payment	\$55.00

\***Additional Sacramental Materials Fee** of \$60 for each child receiving sacraments this year due prior to sacrament.

**THREE STUDENTS**

**Three Payments**

Deposit	Registration	\$60.00
Nov. 15, 2017	1 <sup>st</sup> Payment Due	\$66.67
Jan. 15, 2018	2 <sup>nd</sup> Payment Due	\$66.67
Mar. 15, 2018	Final Payment	\$66.66

\***Additional Sacramental Materials Fee** of \$60 for each child receiving sacraments this year due prior to sacrament.

**Extended payment plan needed? Contact the Director of Religious Education 954-885-7260**



ST. MAXIMILIAN KOLBE RELIGIOUS EDUCATION  
601 N. Hiatus Road  
Pembroke Pines, FL 33026  
954-885-7260 Office 954-885-7261 Fax  
reled@stmax.cc

2017- 2018 CREDIT CARD AUTHORIZATION FORM

I, \_\_\_\_\_ authorize St. Maximilian Kolbe Religious Education  
to charge my credit card for payment.

One Time Payment of \$ \_\_\_\_\_

Deposit \$60 \_\_\_\_\_  
(Check if deposit to be paid by credit card)

Three payments of \$ \_\_\_\_\_ to be charged: Nov. Jan. Mar.  
(Final payment is due by March 15, 2018)

Please process charge on: 1<sup>st</sup> of the month or 15<sup>th</sup> of the month  
(Circle Choice)

CREDIT CARD TYPE: VISA MASTERCARD DISCOVER AMEX  
(CIRCLE ONE)

Please print clearly:

CARD NUMER: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_ SECURITY CODE: \_\_\_\_\_

NAME AS IT APPEARS ON CARD: \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE # \_\_\_\_\_ E-MAIL \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

FAMILY LAST NAME: \_\_\_\_\_

CHILD'S LAST NAME: \_\_\_\_\_