

ST. MAXIMILIAN KOLBE
2018– 2019 RELIGIOUS EDUCATION FAMILY REGISTRATION
FOR STUDENTS IN KINDERGARTEN THROUGH 8TH GRADE

Mrs. Maryann Hotchkiss – Director of Religious Education
954-885-7260 E-mail: reled@stmax.cc

Registration in Religious Education DOES NOT register you in the parish.

SESSIONS AVAILABLE		
SUNDAY 10:45am– NOON	TUESDAY 5:15pm– 6:30pm	WEDNESDAY 6:00pm – 7:15pm

SPACE IS LIMITED. Sessions will start mid-September 2018. Classes meet once a week in the Education Center. **When the Registration Form is processed, if your first choice session is not available, you will be contacted by phone.** Notification of class assignments will be mailed in September.

REGISTRATION FEES 2018 – 2019

1 student in a family:	\$185.00
2 students in family:	\$225.00
3 or more students:	\$260.00

Full payment or a minimum \$60 deposit is required with Registration Form.

(Cash/Check/Debit/Credit /Automatic Payment)

Checks payable to: **St. Maximilian Kolbe**

A Minimum Deposit automatically puts you on a Payment Plan.

Financial Assistance is considered on an individual basis. Contact the Director of Religious Education.

SACRAMENT PREPARATION = MINIMUM OF 2 CONSECUTIVE YEARS OF CLASSES

Students receiving First Communion or Confirmation in 2019,
attach Baptismal Certificate or Profession of Faith Certificate to the Registration Form.

Additional Sacrament Material Fee of \$60 is due prior to celebration of the sacraments.

**Return completed Forms with Payment to the Religious Education
or Church Office in an envelope marked: Religious Education**

**ST. MAXIMILIAN KOLBE RELIGIOUS EDUCATION 2018 – 2019
FAMILY REGISTRATION**

CHECK # _____ CASH _____
DEBIT / CREDIT _____
FULL PMT _____
PMT PLAN _____

ST. MAX OFFERTORY ENVELOPE NUMBER _____

TODAY'S DATE: ____ / ____ / ____

FAMILY INFORMATION

CIRCLE: BIRTHFATHER / STEPFATHER / GUARDIAN

CIRCLE: BIRTHMOTHER / STEPMOTHER / GUARDIAN

LAST NAME _____

LAST NAME _____

FIRST NAME _____

FIRST NAME _____

TITLE _____

TITLE _____

SUFFIX _____

MAIDEN NAME _____

RELIGION _____

RELIGION _____

PRIMARY LANGUAGE _____

PRIMARY LANGUAGE _____

MARITAL STATUS _____

MARITAL STATUS _____

PLACE OF EMPLOYMENT _____

PLACE OF EMPLOYMENT _____

FATHER'S PHONE NUMBERS

MOTHER'S PHONE NUMBERS

_____ HOME

_____ HOME

_____ CELL TEXT MSG: YES NO

_____ CELL TEXT MSG: YES NO

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

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

_____ WORK

_____ WORK

MAILING ADDRESS _____

CITY _____ ZIP _____ PARENT E-MAIL _____

CHILDREN RESIDE WITH **(circle one):**

FATHER & MOTHER / MOTHER ONLY / FATHER ONLY / MOTHER & STEPFATHER / FATHER & STEPMOTHER / LEGAL GUARDIAN

EMERGENCY INFORMATION

LOCAL EMERGENCY CONTACT (OTHER THAN PARENT AND NOT LIVING AT SAME ADDRESS) PHOTO ID REQUIRED

NAME _____ RELATIONSHIP TO CHILD(REN) _____

PHONE _____ HOME /OFFICE/ CELL PHONE _____ HOME /OFFICE/ CELL

ADDITIONAL PERSONS AUTHORIZED TO PICK UP CHILD(REN) PHOTO ID REQUIRED

NAME _____ RELATIONSHIP TO CHILD(REN) _____

PHONE _____ HOME /OFFICE/ CELL PHONE _____ HOME /OFFICE/ CELL

NAME _____ RELATIONSHIP TO CHILD(REN) _____

PHONE _____ HOME /OFFICE/ CELL PHONE _____ HOME /OFFICE/ CELL

LIMITED SPACES AVAILABLE IN EACH SESSION

YOU MUST MAKE A 1st and 2nd CHOICE.

PLACE 1 IN YOUR FIRST CHOICE AND 2 IN YOUR SECOND CHOICE.

Kindergarten through Confirmation

SUNDAY 10:45 - NOON

Year 1 Communion through Confirmation

TUESDAY 5:15PM - 6:30PM

Year 1 Communion through Confirmation

WEDNESDAY 6:00PM - 7:15PM

PLEASE TURN OVER

STUDENT INFORMATION

FAMILY NAME: _____

**CHILD
#1**

LAST NAME _____ FIRST NAME _____

MALE FEMALE BIRTHDATE _____ AGE _____

PLACE OF BIRTH CITY _____ STATE _____

PRIMARY LANGUAGE _____

GRADE IN **SEPTEMBER 2018** _____ SCHOOL ATTENDS _____

ATTENDED RELIGIOUS EDUCATION CLASSES OR CATHOLIC SCHOOL 2017-2018 YES / NO WHERE? _____

MEDICAL ALERT: Indicate any medical condition / allergy _____ **LEARNING CHALLENGES:** Indicate any difficulties _____

SACRAMENT INFORMATION

Baptismal Certificate **REQUIRED** for 1st Communion / Confirmation 2019

CHURCH OF BAPTISM ROMAN CATHOLIC YES / NO _____ CHURCH NAME _____

LOCATION OF BAPTISM CITY _____ STATE _____ COUNTRY _____

BAPTISM CERTIFICATE ATTACHED? NO _____ YES _____

RECEIVED FIRST RECONCILIATION? NO _____ YES _____ CHURCH NAME _____
(CONFESSION)

RECEIVED FIRST COMMUNION? NO _____ YES _____ CHURCH NAME _____

**CHILD
#2**

LAST NAME _____ FIRST NAME _____

MALE FEMALE BIRTHDATE _____ AGE _____

PLACE OF BIRTH CITY _____ STATE _____

PRIMARY LANGUAGE _____

GRADE IN **SEPTEMBER 2018** _____ SCHOOL ATTENDS _____

ATTENDED RELIGIOUS EDUCATION CLASSES OR CATHOLIC SCHOOL 2017-2018 YES / NO WHERE? _____

MEDICAL ALERT: Indicate any medical condition / allergy _____ **LEARNING CHALLENGES:** Indicate any difficulties _____

SACRAMENT INFORMATION

Baptismal Certificate **REQUIRED** for 1st Communion / Confirmation 2019

CHURCH OF BAPTISM ROMAN CATHOLIC YES / NO _____ CHURCH NAME _____

LOCATION OF BAPTISM CITY _____ STATE _____ COUNTRY _____

BAPTISM CERTIFICATE ATTACHED? NO _____ YES _____

RECEIVED FIRST RECONCILIATION? NO _____ YES _____ CHURCH NAME _____
(CONFESSION)

RECEIVED FIRST COMMUNION? NO _____ YES _____ CHURCH NAME _____



VOLUNTEER OPPORTUNITIES IN RELIGIOUS EDUCATION

"What can I offer the Lord, for all the Lord's goodness to me?" Psalm 116:12

NAME _____ ADULT ____ TEEN ____

DAYTIME PHONE # _____ HOME / WORK _____ CELL # _____
PLEASE CIRCLE

WEEKLY OPPORTUNITIES – during RE Sessions: Sunday, Tuesday, Wednesday

_____ CATECHIST – RELIGIOUS EDUCATION TEACHER

_____ ASSISTANT CATECHIST

_____ SUBSTITUTE CATECHIST

_____ TEEN ASSISTANT (Confirmed High School student)

_____ SAFETY TEAM

_____ ARTS AND CRAFTS COMMITTEE

OCCASIONAL OPPORTUNITIES

_____ RELIGIOUS EDUCATION OFFICE

_____ HOSPITALITY

COMMITTEES

_____ St. Max Annual October Flea Market – October 20, 2018

_____ St. Max Children Advent Festival in early December 2018

_____ St. Max Carnival 2019

Thank You for your interest in being a
volunteer at St. Maximilian Kolbe!

ST. MAXIMILIAN KOLBE RELIGIOUS EDUCATION
2018 – 2019 PAYMENT PLAN FOR REGISTRATION FEES

All Registration Fees are to be paid in full by March 14, 2019.

Suggested Payment Options: A) Make Full Payment.

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

Payments are Due by the 15th of the Month.

Payment Plan does not include any additional Sacrament Material Fees.

ONE STUDENT

Three Payments

Deposit	Registration	\$60.00
Nov. 14, 2018	1 st Payment Due	\$41.67
Jan. 14, 2019	2 nd Payment Due	\$41.67
Mar. 14, 2019	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. 14, 2018	1 st Payment Due	\$55.00
Jan. 14, 2019	2 nd Payment Due	\$55.00
Mar. 14, 2019	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. 14, 2018	1 st Payment Due	\$66.67
Jan. 14, 2019	2 nd Payment Due	\$66.67
Mar. 14, 2019	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

2018- 2019 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 14, 2019)

Sacrament Fee \$60 _____ to be charged: Feb. (If receiving sacraments this year)

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

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

Please print clearly:

CARD NUMBER: _____

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: _____