

St. Maximilian Kolbe Religious Education
RCIA - High School Program



RITE OF CHRISTIAN INITIATION FOR ADULTS

High School Faith Formation for Sacramental Initiation

9th Grade – 12th 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**.

What is involved? The **TWO** year discernment process includes: Attending Mass, Weekly Thursday sessions, Day Retreat, participating in Community Service.

Complete the attached Registration Form with a copy of your **Baptismal Certificate**, if baptized. 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 2018 – 2019
R.C.I.A. / HIGH SCHOOL 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>CIRCLE 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>CIRCLE AT&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 circle one</p> <p>FATHER & MOTHER / MOTHER ONLY / FATHER ONLY / MOTHER & STEPFATHER / FATHER & STEPMOTHER / LEGAL GUARDIAN</p>	<p>CIRCLE 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>CIRCLE AT&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 circle one</p> <p>FATHER & MOTHER / MOTHER ONLY / FATHER ONLY / MOTHER & STEPFATHER / FATHER & STEPMOTHER / LEGAL GUARDIAN</p>
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EMERGENCY INFORMATION

<p><u>LOCAL EMERGENCY CONTACT (OTHER THAN PARENT AND NOT LIVING AT SAME ADDRESS) PHOTO ID REQUIRED</u></p>	
NAME _____	RELATIONSHIP TO STUDENT _____
PHONE _____ HOME /OFFICE/ CELL	PHONE _____ HOME /OFFICE/ CELL
<p><u>ADDITIONAL PERSONS AUTHORIZED TO PICK UP STUDENT PHOTO ID REQUIRED</u></p>	
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 2018 _____ HIGH SCHOOL NAME: _____

EXTRACURRICULAR ACTIVITIES _____

ATTENDED RELIGIOUS EDUCATION CLASSES / RCIA HIGH SCHOOL OR CATHOLIC SCHOOL 2017-2018 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
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 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: _____