

**ST. MAXIMILIAN KOLBE**  
**2019– 2020 RELIGIOUS EDUCATION FAMILY REGISTRATION**  
**FOR STUDENTS IN KINDERGARTEN THROUGH 8<sup>TH</sup> GRADE**

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

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

---

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

---

SPACE IS LIMITED. Sessions will start mid-September 2019. 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 2019 – 2020**

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.

<b>SACRAMENT PREPARATION = MINIMUM OF 2 CONSECUTIVE YEARS OF CLASSES</b>
--

**Students receiving First Communion or Confirmation in 2020,  
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 2019 – 2020  
FAMILY REGISTRATION**

CHECK # \_\_\_\_\_ CASH \_\_\_\_\_  
 DEBIT / CREDIT \_\_\_\_\_  
 FULL PMT \_\_\_\_\_  
 PMT PLAN \_\_\_\_\_

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

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

**FAMILY INFORMATION**

<b>CIRCLE:</b> BIRTHFATHER / STEPFATHER / GUARDIAN	<b>CIRCLE:</b> 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 _____
<u>FATHER'S PHONE NUMBERS</u>	<u>MOTHER'S PHONE NUMBERS</u>
_____ HOME	_____ HOME
_____ CELL TEXT MSG: YES NO	_____ CELL TEXT MSG: YES NO
<b>CIRCLE:</b> AT&T METRO PCS SPRINT T-MOBILE VERIZON	<b>CIRCLE:</b> AT&T METRO PCS SPRINT T-MOBILE VERIZON
_____ WORK	_____ WORK
MAILING ADDRESS _____	
CITY _____ ZIP _____ PARENT E-MAIL _____	
CHILDREN RESIDE WITH <b>(circle one):</b>	
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 1<sup>st</sup> and 2<sup>nd</sup> 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 2019** \_\_\_\_\_ SCHOOL ATTENDS \_\_\_\_\_

ATTENDED RELIGIOUS EDUCATION CLASSES OR CATHOLIC SCHOOL 2018-2019 YES / NO WHERE? \_\_\_\_\_

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

**SACRAMENT INFORMATION**

Baptismal Certificate **REQUIRED** for 1<sup>st</sup> Communion / Confirmation 2020

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 2019** \_\_\_\_\_ SCHOOL ATTENDS \_\_\_\_\_

ATTENDED RELIGIOUS EDUCATION CLASSES OR CATHOLIC SCHOOL 2018-2019 YES / NO WHERE? \_\_\_\_\_

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

**SACRAMENT INFORMATION**

Baptismal Certificate **REQUIRED** for 1<sup>st</sup> Communion / Confirmation 2020

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 \_\_\_\_\_

**STUDENT INFORMATION**

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

**CHILD**  
# 3

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

MALE      FEMALE

BIRTHDATE \_\_\_\_\_ AGE \_\_\_\_\_

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

PRIMARY LANGUAGE \_\_\_\_\_

GRADE IN **SEPTEMBER 2019** \_\_\_\_\_ SCHOOL ATTENDS \_\_\_\_\_

ATTENDED RELIGIOUS EDUCATION CLASSES OR CATHOLIC SCHOOL 2018-2019 YES / NO WHERE? \_\_\_\_\_

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

\_\_\_\_\_

**SACRAMENT INFORMATION**

Baptismal Certificate **REQUIRED** for 1<sup>st</sup> Communion / Confirmation 2020

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**  
# 4

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

MALE      FEMALE

BIRTHDATE \_\_\_\_\_ AGE \_\_\_\_\_

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

PRIMARY LANGUAGE \_\_\_\_\_

GRADE IN **SEPTEMBER 2019** \_\_\_\_\_ SCHOOL ATTENDS \_\_\_\_\_

ATTENDED RELIGIOUS EDUCATION CLASSES OR CATHOLIC SCHOOL 2018-2019 YES / NO WHERE? \_\_\_\_\_

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

\_\_\_\_\_

**SACRAMENT INFORMATION**

Baptismal Certificate **REQUIRED** for 1<sup>st</sup> Communion / Confirmation 2020

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

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



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

2019- 2020 CREDIT CARD AUTHORIZATION FORM

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

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

Initial Deposit \$60 \_\_\_\_\_

Three payments of \$ \_\_\_\_\_ to be charged: November 13, 2019  
 January 22, 2020  
 March 18, 2020

(Final payment is due by March 18, 2020)

Sacrament Fee \$60 \_\_\_\_\_ to be charged: February 12, 2020. (If receiving sacraments this year)  
**(Check if Sacrament Fee to be paid by credit card)**

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: \_\_\_\_\_

ST. MAXIMILIAN KOLBE RELIGIOUS EDUCATION  
2019 – 2020 PAYMENT PLAN FOR REGISTRATION FEES

**All Registration Fees are to be paid in full by March 18, 2020.**

Suggested Payment Options:

A) Make Full Payment.

B) Make a \$60 deposit and 3 Payments – Nov. 13<sup>th</sup>, Jan. 22<sup>nd</sup>, and Mar. 18<sup>th</sup>

**Payments are Due according to the following schedule.**

Payment Plan does not include any additional Sacrament Material Fees.

**ONE STUDENT**

**Three Payments**

Deposit	Registration	\$60.00
Nov. 13, 2019	1 <sup>st</sup> Payment Due	\$41.67
Jan. 22, 2020	2 <sup>nd</sup> Payment Due	\$41.67
Mar. 18, 2020	Final Payment	\$41.66

**\*Additional Sacramental Materials Fee** of \$60 for each child receiving sacraments this year due by February 12, 2020.

**TWO STUDENTS**

**Three Payments**

Deposit	Registration	\$60.00
Nov. 13, 2019	1 <sup>st</sup> Payment Due	\$55.00
Jan. 22, 2020	2 <sup>nd</sup> Payment Due	\$55.00
Mar. 18, 2020	Final Payment	\$55.00

**\*Additional Sacramental Materials Fee** of \$60 for each child receiving sacraments this year due by February 12, 2020.

**THREE STUDENTS**

**Three Payments**

Deposit	Registration	\$60.00
Nov. 13, 2019	1 <sup>st</sup> Payment Due	\$66.67
Jan. 22, 2020	2 <sup>nd</sup> Payment Due	\$66.67
Mar. 18, 2020	Final Payment	\$66.66

**\*Additional Sacramental Materials Fee** of \$60 for each child receiving sacraments this year due by February 12, 2020.

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