

St. Maximilian Kolbe Religious Education
RCIA - High School Program



High School Faith Formation in Preparation for Sacraments

9th Grade – 12th Grade Students ONLY

Thursday Evenings 7:00pm – 8:30pm - Sessions begin in September

Schedules and programs may change. Spaces are limited according to the most current COVID guidelines.

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 Registration Form and attach a copy of your **Baptismal Certificate**, if baptized.

Return completed Forms with Payment

Scan & E-mail forms to: reled@stmax.cc (NO Photos Please)

Mail to: St. Maximilian Kolbe Religious Education

701 N Hiatus Rd

Pembroke Pines, FL 33026

Registration Fee \$185.00

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

Now accepting ONLINE PAYMENTS @ www.stmax.cc Click Online Giving, Religious Education

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

A minimum deposit automatically puts your family on a Payment Plan.

Please do not let financial concerns prevent you from registering.

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 2021 – 2022

R.C.I.A. / HIGH SCHOOL Meets Thursdays 7:00 – 8:30pm

TODAY'S DATE: _____

DO YOU HAVE OTHER CHILDREN REGISTERED IN RELIGIOUS EDUCATION FOR 21-22? YES NO

REGISTRATION FEE: \$185.00
CHECK # _____
CASH _____
DEBIT / CREDIT _____
ONLINE GIVING _____
AUTO PAY _____

FAMILY INFORMATION

SELECT: BIRTHFATHER STEPFATHER GUARDIAN	SELECT: BIRTHMOTHER STEPMOTHER GUARDIAN
LAST NAME _____	LAST NAME _____
FIRST NAME _____	FIRST NAME _____
TITLE _____	TITLE _____
MAIDEN NAME _____	MAIDEN NAME _____
RELIGION _____	RELIGION _____
PRIMARY LANGUAGES _____	PRIMARY LANGUAGES _____
MARITAL STATUS _____	MARITAL STATUS _____
PLACE OF EMPLOYMENT _____	PLACE OF EMPLOYMENT _____
<u>PHONE NUMBERS</u>	<u>PHONE NUMBERS</u>
_____ HOME	_____ HOME
_____ CELL TEXT MSG: YES NO	_____ CELL TEXT MSG: YES NO
MAILING ADDRESS _____	
CITY _____ ZIP _____ PARENT E-MAIL _____	
CHILDREN RESIDE WITH select one: FATHER & MOTHER MOTHER ONLY FATHER ONLY	
MOTHER & STEPFATHER FATHER & STEPMOTHER LEGAL GUARDIAN	

EMERGENCY INFORMATION

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

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

GRADE IN SEPTEMBER 2021 _____ HIGH SCHOOL NAME: _____

EXTRACURRICULAR ACTIVITIES _____

ATTENDED RELIGIOUS EDUCATION CLASSES / RCIA HIGH SCHOOL 2020-2021 YES NO WHERE? _____

MEDICAL ALERT: Indicate any medical condition _____ **LEARNING / BEHAVIORAL 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 (CONFESSION) YES CHURCH NAME _____

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 _____

Signature Page

St. Maximilian Kolbe Religious Education Program
Please INITIAL your choices. Sign & Return with the Registration Forms.

Student Pictures / Videos

(If no choice is marked, then it will default to Yes.)

_____ YES I will permit my student/s to be photographed / videotaped as representations of
INITIAL activities in the St. Maximilian Kolbe Religious Education Program.

_____ NO, I will NOT permit my student/s to be photographed / videotaped as representations
INITIAL of activities in the St. Maximilian Kolbe Religious Education Program.

Annual Teaching Boundaries & Safety Lesson

In compliance with the Archdiocese of Miami, every RE class will present a safety lesson in November from the *Teaching Boundaries & Safety Curriculum* created by Virtus Online. www.virtus.org

_____ YES, my child/ren will participate in the annual safety lesson.
INITIAL

_____ NO, my child/ren will NOT attend class or participate in the annual safety lesson.
INITIAL

Please enter your full name in the textbox to electronically sign this document.

Mother / Guardian Signature

_____ Date

I understand that by typing my name in the box, I am electronically signing this document.

INITIAL HERE

Please enter your full name in the textbox to electronically sign this document.

Father / Guardian Signature

_____ Date

I understand that by typing my name in the box, I am electronically signing this document.

INITIAL HERE

_____ Student Name

_____ Grade

_____ Student Name

_____ Grade

_____ Student Name

_____ Grade

ST. MAXIMILIAN KOLBE RELIGIOUS EDUCATION
2020 – 2021 PAYMENT PLAN FOR REGISTRATION FEES

All Registration Fees are to be paid in full by March 17, 2022.

Suggested Payment Options:

A) Make Full Payment.

B) Make a \$60 deposit and 3 Payments – Nov. 18th, Jan. 20th, and Mar. 17th

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. 18, 2021	1 st Payment Due	\$41.67
Jan. 20, 2022	2 nd Payment Due	\$41.67
Mar. 17, 2022	Final Payment	\$41.66

***Additional Sacramental Materials Fee** of \$60 for each child receiving sacraments this year due by February 17, 2022.

TWO STUDENTS

Three Payments

Deposit	Registration	\$60.00
Nov. 18, 2021	1 st Payment Due	\$55.00
Jan. 20, 2022	2 nd Payment Due	\$55.00
Mar. 17, 2022	Final Payment	\$55.00

***Additional Sacramental Materials Fee** of \$60 for each child receiving sacraments this year due by February 17, 2022.

THREE STUDENTS

Three Payments

Deposit	Registration	\$60.00
Nov. 18, 2021	1 st Payment Due	\$66.67
Jan. 20, 2022	2 nd Payment Due	\$66.67
Mar. 17, 2022	Final Payment	\$66.66

***Additional Sacramental Materials Fee** of \$60 for each child receiving sacraments this year due by February 17, 2022.

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



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

2021- 2022 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 18, 2021

January 20, 2022

March 17, 2022

(Final payment is due by March 17, 2022)

Sacrament Fee \$60 _____ to be charged: February 17, 2022. (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: _____