

Maryann Hotchkiss, Director of Religious Education 954-885-7260 reled@stmax.cc

Welcome to the St. Maximilian Kolbe Religious Education Ministry!

Our goal is to support and assist families in the authentic practice of the Catholic faith. We are happy that you are interested in our program and look forward to serving you. Working together with the family we will offer opportunities to become closer to Jesus and to become more active in the Catholic parish community. We offer classes for sacrament preparation and for those who have already received sacraments.

We are committed to helping parents fulfill their responsibility as the child's primary catechist. We encourage families to: teach prayers and pray together, attend mass weekly at church, share your personal stories of faith, share Bible stories, and help others as Jesus instructed.

Registration for St. Maximilian Kolbe Religious Education Classes 2025 – 2026.

Classes to be held in our St. Maximilian Kolbe Education Center from September 2025 through May 2026. Spaces are limited. After you have looked over the registration forms, if you have any questions or concerns, please contact the RE Office.

Instructions for completing Registration:

- 1. Download the forms to your desktop.
- **2.** Fill out the forms by typing in the information and saving to your desktop.
- **3.** Attach a copy of the Baptism Certificate.
- 4. Make a Payment
 - a. using the following link https://giving.parishsoft.com/app/giving/PS-1623
 - b. Automatic payment using the Credit Card Authorization Form
 - c. In person in the Religious Education Office
- **5.** Email the completed registration form, signed Signature Page, and the Baptism Certificate to: reled@stmax.cc

ST. MAXIMILIAN KOLBE RELIGIOUS EDUCATION

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

2025– 2026 FAMILY REGISTRATION

FOR STUDENTS IN 1st GRADE THROUGH 8th GRADE

REGISTRATION TUITION 2025 – 2026

1 student in a family: \$200.00 2 students in family: \$240.00 3 or more students: \$275.00 Full payment is preferred.

A minimum \$100 deposit is required with Registration Form. Student(s) will not be placed in a class until deposit is paid or arrangements made with the Religious Education Office

We accept all forms of payment including online @ www.stmax.cc Checks payable to: St. Maximilian Kolbe Please do not let financial concerns prevent you from registering. Contact the Director of Religious Education.

Donate additional \$15 to Scholarship Fund to help a student.

SACRAMENT PREPARATION - MINIMUM OF 2 CONSECUTIVE YEARS OF CLASSES

Students receiving First Communion or Confirmation in 2026, attach Baptismal Certificate or Profession of Faith Certificate to the Registration Form.

Additional Year 2 Material Fee of \$75 is due February 19, 2026.

SESSIONS AVAILABLE 1st Grade through 8th Grade / Year 2 Confirmation

SUNDAY 10:45am-NOON **TUESDAY**

WEDNESDAY

5:15pm-6:30pm

6:00pm - 7:15pm

SPACE IS LIMITED. Sessions will start September 2025. Classes meet once a week. When the Registration Form is processed, if your first choice session is <u>not</u> available, you will be contacted by phone. Acknowledgement of forms received will be sent by e-mail or text message.

> **Return completed Forms with Payment** 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

CHECK # _____ ST. MAXIMILIAN KOLBE RELIGIOUS EDUCATION 2025 – 2026 CASH FAMILY REGISTRATION DEBIT / CREDIT ____ NAME OF PERSON COMPLETING REGISTRATION FORM: ONLINE GIVING _____ RELATIONSHIP TO CHILD: _____ DATE: ____ AUTO PAY SELECT: BIRTHFATHER STEPFATHER GUARDIAN SELECT: BIRTHMOTHER STEPMOTHER GUARDIAN LAST NAME _____ LAST NAME _____ F FIRST NAME _____ FIRST NAME _____ Α TITLE TITLE M I MAIDEN NAME _____ L RELIGION RELIGION Y FLUENT LANGUAGES _____ FLUENT LANGUAGES _____ Ι MARITAL STATUS MARITAL STATUS N PLACE OF EMPLOYMENT PLACE OF EMPLOYMENT F O MOTHER'S PHONE NUMBERS FATHER'S PHONE NUMBERS R _____CELL TEXT MSG: YES NO _____CELL_TEXT MSG: YES NO M Α E-MAIL DAD E-MAIL MOM T I MAILING ADDRESS _____ O CITY _____ ZIP _____ N CHILDREN RESIDE WITH (Select 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 CELL PHONE_____ HOME ADDITIONAL PERSONS AUTHORIZED TO PICK UP CHILD(REN) PHOTO ID REQUIRED _____ RELATIONSHIP TO CHILD(REN) _____ PHONE_____ CELL PHONE_____ HOME _____ RELATIONSHIP TO CHILD(REN) ____ NAME ___ PHONE CELL PHONE____ HOME

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.

SUNDAY 10:45AM - NOON

TUESDAY 5:15PM - 6:30PM

WEDNESDAY 6:00PM - 7:15PM

STUDENT INFORMATION

CHILD)
#1	

CHILD	LEGAL NAME AS APPEARS ON BIRTH CERTIFICATE
#1	LAST NAME FIRST NAME
	MALE FEMALE BIRTHDATE AGE
	PLACE OF BIRTH
	FLUENT LANGUAGES
	GRADE IN <u>SEPTEMBER 2025</u> SCHOOL ATTENDS
	ATTENDED RELIGIOUS EDUCATION CLASSES 2024-2025 YES NO WHERE?
	MEDICAL ALERT: Indicate any medical condition / allergy LEARNING / BEHAVIORAL CHALLENGES: Indicate any difficulties
	SACRAMENT INFORMATION Baptismal Certificate REQUIRED for 1st Communion / Confirmation 2026
	CHURCH OF BAPTISM ROMAN CATHOLIC YES NO CHURCH NAME
	LOCATION OF BAPTISM CITY STATE COUNTRY
CHILD #2	BAPTISM CERTIFICATE ATTACHED? NO YES
	RECEIVED FIRST COMMUNION? NO YES CHURCH NAME
	LAST NAME FIRST NAME
	MALE FEMALE BIRTHDATE AGE
	PLACE OF BIRTH CITY STATE
	FLUENT LANGUAGES
	GRADE IN <u>SEPTEMBER 2025</u> SCHOOL ATTENDS
	ATTENDED RELIGIOUS EDUCATION CLASSES 2024-2025 YES NO WHERE?
	MEDICAL ALERT: Indicate any medical condition / allergy LEARNING / BEHAVIORAL CHALLENGES: Indicate any difficulties
	SACRAMENT INFORMATION Baptismal Certificate REQUIRED for 1st Communion / Confirmation 2026
	CHURCH OF BAPTISM ROMAN CATHOLIC YES NO CHURCH NAME
	LOCATION OF BAPTISM CITY STATE COUNTRY
	BAPTISM CERTIFICATE ATTACHED? NO YES

STUDENT INFORMATION

CHIL	D
#3	

CHILD	LEGAL NAME AS APPEARS ON BIRTH CERTIFICATE
#3	LAST NAME FIRST NAME
	MALE FEMALE BIRTHDATE AGE
	PLACE OF BIRTH
	FLUENT LANGUAGES
	GRADE IN <u>SEPTEMBER 2025</u> SCHOOL ATTENDS
	ATTENDED RELIGIOUS EDUCATION CLASSES 2024-2025 YES NO WHERE?
	MEDICAL ALERT: Indicate any medical condition / allergy LEARNING / BEHAVIORAL CHALLENGES: Indicate any difficulties
	SACRAMENT INFORMATION Baptismal Certificate REQUIRED for 1st Communion / Confirmation 2026
	CHURCH OF BAPTISM ROMAN CATHOLIC YES NO
	LOCATION OF BAPTISM CITY STATE COUNTRY
	BAPTISM CERTIFICATE ATTACHED? NO YES
	RECEIVED FIRST COMMUNION? NO YES CHURCH NAME
CHILD #4	LEGAL NAME AS APPEARS ON BIRTH CERTIFICATE LAST NAME FIRST NAME
	MALE FEMALE BIRTHDATE AGE
	PLACE OF BIRTH CITY STATE
	FLUENT LANGUAGES
	GRADE IN <u>SEPTEMBER 2025</u> SCHOOL ATTENDS
	ATTENDED RELIGIOUS EDUCATION CLASSES 2024-2025 YES NO WHERE?
	MEDICAL ALERT: Indicate any medical condition / allergy LEARNING / BEHAVIORAL CHALLENGES: Indicate any difficulties
	SACRAMENT INFORMATION Baptismal Certificate REQUIRED for 1st Communion / Confirmation 2026
	CHURCH OF BAPTISM ROMAN CATHOLIC YES NO CHURCH NAME
	LOCATION OF BAPTISM CITY STATE COUNTRY
	BAPTISM CERTIFICATE ATTACHED? NO YES
	RECEIVED FIRST COMMUNION? NO YES CHURCH NAME

<u>Sígnature Page</u>

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.)

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INITIAL	<u> </u>	-	notographed / videotaped as representations of Religious Education Program.
INITIAL			be photographed / videotaped as representations e Religious Education Program.
	pliance with the Archdiocese	of Miami, e	oundaries & Safety Lesson every RE class will present a safety lesson in November arriculum created by Virtus Online. www.virtus.org
	YES, my child/ren will parti	cipate in the	e annual safety lesson.
INITIAL INITIAL	NO, my child/ren will NOT a	attend class	or participate in the annual safety lesson.
Please e	enter your full name in the tex	tbox to elec	etronically sign this document.
Mother	/ Guardian Signature	Da	nte
INITIAL HERE		e in the box, I	am electronically signing this document.
Please e	enter your full name in the tex	tbox to elec	etronically sign this document.
Father /	Guardian Signature	Da	nte
INITIAL HERE		e in the box, I	am electronically signing this document.
Student	Name	Grade	
Student	Name	Grade	
Student	Name	Grade	

ST. MAXIMILIAN KOLBE RELIGIOUS EDUCATION

<u>2025 – 2026 PAYMENT OPTIONS FOR REGISTRATION FEES</u>

Ways to make a payment:

- In person **ONLY** in the Religious Education Office
- Automatic Credit Card payments
- By Phone 954-885-7260
- Online @ www.stmax.cc select Online Donations Fund: Religious Education / RCIA https://giving.parishsoft.com/app/giving/PS-1623

All Registration Fees are to be paid in full by February 19, 2026.

Suggested Payment Options:

Option A: Full Payment Option B: Initial Deposit of \$100

ADDITIONAL SCHOLARSHIP FUND DONATION:

\$15

PAYMENT PLAN	V	V	I		:	
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Deposit of \$100 with

Three payments: \$33.34 - 1 Student

\$46.67 - 2 Students

\$58.34 - 3 Students

Credit Card Payments Processed

November 20, 2025

January 15, 2026

February 19, 2026

Year 2 Material Fee \$75 due February 19, 2026

for Students in Year 2: Communion, Confirmation, OR OCIA High School.

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 reled@stmax.cc

2025- 2026 CREDIT CARD AUTHORIZATION FORM

I,author	ize St. Maximilian Kolbe Religious Education	
to charge my credit card for payment.		
ONE TIME PAYMENTS:		
Full Payment of \$ Additional Sch	nolarship Fund Donation of \$15	
PAYMENT PLAN: (Final payment is due by Febr	ruary 19, 2026)	
Deposit \$100 with	Credit Card Payments Processed	
Three payments: \$33.34 - 1 Student	November 20, 2025	
\$46.67 – 2 Students	January 15, 2026	
\$58.34 – 3 Students	February 19, 2026	
Yr 2 Material Fee \$75	February19, 2026.	
Scholarship Fund \$15		
CREDIT CARD TYPE: VISA MASTERO (CHECK ONE)	CARD DISCOVER AMEX	
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:		

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
CELL #	
SESSION DESIRED: Sunday Tuesday Wedn	esday 🔲
CHILDREN IN PROGRAM:	Grade:
	Grade:
WEEKLY OPPORTUNITIES: CATECHIST (Religious Education Teacher)	
ASSISTANT CATECHIST	
SUBSTITUTE CATECHIST (previous experience as a Catechist)	
TEEN ASSISTANT (Confirmed High School student)	
SAFETY TEAM – oversees arrivals / dismissals, hall monitor, Safe Envir	onment representative
ARTS AND CRAFTS COMMITTEE – meets during class time and prepa Catechists to use in class	ares materials for the
OCCASIONAL OPPORTUNITIES	
RE SPECIAL EVENTS – help set up refreshments for meetings, Catechist fundraising event. Times will vary from the class	* *

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