

# ST. JAMES RELIGIOUS EDUCATION REGISTRATION FORM

(Please complete one form for each child you are registering)

Child's Full Name \_\_\_\_\_ Grade \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex: M F School: \_\_\_\_\_

Mother's Full Name \_\_\_\_\_ Maiden \_\_\_\_\_

Father's Full Name \_\_\_\_\_

Child's Guardian (Lives with) \_\_\_\_\_

Mailing Address \_\_\_\_\_  
(street, city, state, zip)

Request Mail to 2<sup>nd</sup> Address (Name/Address) \_\_\_\_\_

Home Phone # \_\_\_\_\_ Email address \_\_\_\_\_

Mother's wk# and/or cell# \_\_\_\_\_ Father's wk# and/or cell # \_\_\_\_\_

Contact phone # (During class time) \_\_\_\_\_

Medical Alert for Child \_\_\_\_\_

Please list all info. that might help us in meeting the needs of your child: allergies, special learning needs, fears, medications, etc.

BAPTISM: St. James (OR) Place: \_\_\_\_\_

Date: \_\_\_\_\_

1<sup>st</sup> PENANCE: Yes \_\_\_\_\_ No \_\_\_\_\_

1<sup>st</sup> EUCHARIST: St. James (OR) Place: \_\_\_\_\_

Date: \_\_\_\_\_

**PLEASE SUBMIT COPIES OF BAPTISMAL AND FIRST EUCHARIST CERTIFICATES IF SACRAMENTS WERE NOT RECEIVED HERE AT ST. JAMES**

Fees: \$10 per child per year for grades 1 & 3 thru 6

\$20 (total) for Penance/Eucharist (Grade 2)

\$15 per child per year for grades 7 thru 10

\$40 Family Maximum

\_\_\_ I wish to have my fee waived at this time

Please make checks

payable to:

St. James Church

Please return form w/ fee to: St. James Religious Education Office

147 Main Street

Johnson City, NY 13790

I understand that pictures taken during any St. James event may be used to bring attention to our parish community of the various aspects of our sacramental lives, and may also be used on the St. James website.

Please sign to verify all information is accurate

Parent/Guardian Signature \_\_\_\_\_

**You can contact the Religious Education Office at 729-4083/fax # 797-5966.  
Religious Education information is also posted on our website at [www.stjamesjc.org](http://www.stjamesjc.org)**