

St. James of the Marches Religious Education Form 2020-21

31 St James Pl Totowa, NJ 07508

Tel: 973-790-4860 Fax: 973-790-4644

New Registration Record

Child's Name: _____ Date of Birth: _____

Address: _____ Home Phone: _____

_____ Gender: _____

Grade 2020-2021 School Year: _____ School: _____

Classes Grades 1-6: Sunday 9-10:15 am followed by Mass

Confirmation Class Grades 7-8: scheduled Tuesdays (twice a month) 7:30-9:00 pm

Please register my child for grades (circle): Grades: 1-6, Confirmation: Grades 7- 8

New Family Registration Fee: \$ 125; -1st child; 2nd-\$75, 3rd-\$50

Communion and/or Confirmation Sacramental Fee: \$50

Other children in the program: Name & Grade 2019-20: _____

Mother's Information
First Name: _____
Maiden Name: _____
Cell Phone: _____
Email: _____
Religion: _____

Father's Information
First Name: _____
Last Name: _____
Cell Phone: _____
Email: _____
Religion: _____

Baptism

Church: _____

Address: _____

Date: _____

Reconciliation

Church: _____

Address: _____

Date: _____

First Holy Communion

Church: _____

Address: _____

Date: _____

Office Use Only		
Paid _____	Ck# _____	Cash \$ _____
Date _____	By _____	
Sibling _____		

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Emergency Record

Student Name:		
Date of Birth:	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Grade 2020-2021		

I would like messages sent to my: <i>(please circle all that apply)</i>	cell phone	home phone	e-mail
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Mail should be addressed to:	Home Language _____
___ Mr. & Mrs.	
___ Just Mother	
___ Just Father	
___ Both Mother & Father (if separated)	

Emergency Contact's Name: <i>(NOT A PARENT)</i>
Address:
Phone Number:
Cell Phone Number:

Allergies:
Medications:
Any other concerns we should know about:

Registered Parishioner: ___ YES ___ NO ENVELOPE # _____

Parent Signature: _____ Date: _____