

St. James of the Marches Religious Education Form 2021-22

31 St James Pl Totowa, NJ 07508

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

**New-Registration Record 2021/2022**

**Please Print Clearly**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

\_\_\_\_\_ Gender: \_\_\_\_\_

Grade 2021-2022 School Year: \_\_\_\_\_ School: \_\_\_\_\_

**Classes Grades 1-6:** Sunday 9:00-10:10 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

**Registration Fee:** \$125 -1<sup>st</sup> child \$75 -2<sup>nd</sup> child \$50- 3<sup>rd</sup> child (after June 15<sup>th</sup> registration fee \$125)

**Communion and/or Confirmation Sacramental Fee:** \$50

**Other children in the program:** Name & Grade 2021/2022: \_\_\_\_\_

|                             |
|-----------------------------|
| <b>Mother's Information</b> |
| First Name:                 |
| Maiden Name:                |
| Cell Phone:                 |
| Email:                      |
| Religion:                   |

|                             |
|-----------------------------|
| <b>Father's Information</b> |
| First Names:                |
| Last Names:                 |
| 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 _____   |                         |

**Please Turn Over And Do The Back Side – Thank You**

**Emergency Record**

|                 |   |
|-----------------|---|
| Student Name:   |   |
| Date of Birth:  | Male <input type="checkbox"/> Female <input type="checkbox"/> |
| Grade 2021/2022 |   |

|  |            |            |        |
|--|------------|------------|--------|
| I would like messages sent to my:<br><i>(please circle all that apply)</i> | cell phone | home phone | e-mail |
|--|------------|------------|--------|

|   |                     |
|---|---------------------|
| Mail should be addressed to:              | Home Language _____ |
| _____ Mr. & Mrs.                          |                     |
| _____ Just Mother                         |                     |
| _____ Just Father                         |                     |
| _____ Both Mother & father (if separated) |                     |

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

|   |
|---|
| Allergies:                                  |
| Medications:                                |
| Any other concerns we<br>Should know about: |

Registered Parishioners: \_\_\_\_\_ YES \_\_\_\_\_ NO ENVELPE # \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_