

Family Name : _____

Going into Grade: _____

Date of Birth: _____

**St. James Religious Education Registration
2018 - 2019**

Name of Child: _____
First Middle Last

Names of Parents/Guardians: _____

Mother's Maiden Name: _____

Home Address: _____
Address Town Zip code

Home Phone: _____ Cell Phone: _____

E-mail: _____

Emergency Contact: _____ Phone: _____

Does your child have individual considerations: dietary, medical, behavioral, special needs, other?

Describe: _____

School Attending in 2018-2019: _____

Sacrament History

Baptism: _____
Church City, State Date

First Communion: _____
Church City, State Date

******* Please Turnover Page and Complete *******

Office Use Only: Fee Paid _____ Check # _____ Date _____

First Reconciliation: Yes No Sacraments Verified: Yes No