

ST. JAMES RELIGIOUS EDUCATION REGISTRATION

*****MUST ATTACH A COPY OF BAPTISMAL CERTIFICATE*****

\$20..00 donation per child for materials Please make check payable to: St. James Church

FAMILY LAST NAME _____

MOTHERS'S NAME _____

FATHER'S NAME _____

ADDRESS _____

CITY _____ STATE _____

PHONE _____

EMERGENCY CONTACT:

Name/Phone _____

Name/Phone _____

EMAIL _____

CHILDREN PARTICIPATING IN PROGRAM

Full Name Including Middle Name	Date of Birth	Grade	Date/Place of Baptism
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Full Name Including Middle Name	Date of Birth	Grade	Date/Place of Baptism
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Full Name Including Middle Name	Date of Birth	Grade	Date/Place of Baptism
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PLEASE LIST ANY CHILD WHO DESIRE TO CELEBRATE ANY SACRAMENT THIS YEAR

NAME	SACRAMENT DESIRED
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NAME	SACRAMENT DESIRED
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NAME	SACRAMENT DESIRED
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NAME	SACRAMENT DESIRED
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