

**St. James Religious Formation Enrollment Form 2009-2010**

Envelope # \_\_\_\_\_

**\*\*All information requested on both sides of this form **must** be filled out completely before it will be processed\*\***

FAMILY LAST NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_ E-MAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

CHILD RESIDES WITH: M&F \_\_\_\_ BIOLOGICAL MOTHER \_\_\_\_ BIOLOGICAL FATHER \_\_\_\_ GUARDIAN \_\_\_\_ OTHER \_\_\_\_\_  
(specify)

FATHER'S NAME \_\_\_\_\_ RELIGION \_\_\_\_\_ OCCUPATION \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMPLOYED BY \_\_\_\_\_ WORK PHONE NUMBER \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ RELIGION \_\_\_\_\_ OCCUPATION \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMPLOYED BY \_\_\_\_\_ WORK PHONE NUMBER \_\_\_\_\_

**STUDENT INFORMATION**

**CLASS PREFERENCE**

**Jr.High/**

<u>STUDENT NAME</u> (add last name if different)	<u>MALE/FEMALE</u> (Indicate)	<u>BIRTHDAY</u>	<u>GRADE</u> Fall '09	<u>SCHOOL</u> Attending	<u>Pre-Sch/Kinder.</u> Sunday 9am	<u>ELEMENTARY</u> Wednesday 11am	<u>Home-</u> 4:15	<u>Family</u> School	<u>Co-Op</u>	<u>High</u> Sun.	<u>Jr.High/</u> 6pm
1. _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

**SACRAMENTAL INFORMATION**

**OFFICE USE ONLY**

List those students preparing for sacraments during 2009-2010 school year:  
**FIRST EUCHARIST (2<sup>nd</sup> Gr) RECONCILIATION (4<sup>th</sup> Gr) CONFIRMATION (7-8 Gr)**  
 \_\_\_\_\_  
**- for 2011**

Date: \_\_\_\_\_  
 Family Tuition: \$ \_\_\_\_\_  
 Sacrament Fee \$ \_\_\_\_\_  
 Account Total \$ \_\_\_\_\_  
 Account Paid \$ \_\_\_\_\_  
 Check number \_\_\_\_\_  
 Date paid \_\_\_\_\_  
 Balance \$ \_\_\_\_\_

I hereby consent to having my child(ren) participate in the Religious Formation Program .  
 at St. James Parish for the 2009-2010 school year.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**SEE OTHER SIDE**

In case of an **EMERGENCY** and if a parent/guardian cannot be reached, please contact:

**NAME** \_\_\_\_\_ **PHONE** \_\_\_\_\_

Please note any learning/behavioral difficulties and/or health issues of which we should be aware.

A) **CHILD'S NAME** \_\_\_\_\_

**PROBLEM/TREATMENT** \_\_\_\_\_

B) **CHILD'S NAME** \_\_\_\_\_

**PROBLEM/TREATMENT** \_\_\_\_\_

---

If your child was in the program last year, please *DO NOT* fill out the information below.

**SACRAMENTAL INFORMATION**

*(please specify church and year sacrament was received)*

<b>NAME</b>	<b>BAPTISM</b>	<b>EUCCHARIST</b>	<b>RECONCILIATION</b>	<b>CONFIRMATION</b>