

# St. James Religious Formation Enrollment Form 2011-2012

\*\*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 \_\_\_\_\_ REGISTERED W/ PARISH? Y or N\*  
 \*If no, please contact office to register.

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/**

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

**SACRAMENTAL INFORMATION**

**OFFICE USE ONLY**

List those students preparing for sacraments during 2011-2012 school year:

FIRST EUCHARIST (2<sup>nd</sup> Gr) \_\_\_\_\_  
 RECONCILIATION (4<sup>th</sup> Gr) \_\_\_\_\_  
 CONFIRMATION 2013 (7<sup>th</sup> Gr) \_\_\_\_\_ **(List 1<sup>st</sup> year preparation only)**

I hereby consent to having my child(ren) participate in the Religious Formation Program at St. James Parish for the 2011-2012 school year.

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

Date: \_\_\_\_\_

Family Tuition: \$ \_\_\_\_\_

Sacrament Fee \$ \_\_\_\_\_

Account Total \$ \_\_\_\_\_

Account Paid \$ \_\_\_\_\_

Check number \_\_\_\_\_

Date paid \_\_\_\_\_

Balance \$ \_\_\_\_\_

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

**\*\*Volunteer form and health forms are required for complete registration. 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>

