

St. James the Apostle Religious Education
Registration Form
(For New Enrollees, please submit a copy of Baptismal Certificate)

AGE: _____

Student Last Name: _____ First Name: _____ M.I.: _____

Date of Birth: _____ Grade Level in Fall: _____ School: _____

Address: _____ City: _____ ZIP: _____

Home Phone: _____ Are you registered in this Parish? Yes No (Additional \$50 Fee for non-parishioners)

Father's Name: _____ Work Phone: _____

Mother's First/Maiden Name: _____ Work Phone: _____

Best Email contact address: _____

Mark **Yes/No** for the Sacraments your child has received:

Baptism: _____ Date: _____ 1ST Communion: _____ Date: _____

Father's Religion: _____ Mother's Religion: _____

Copy of Baptismal Certificate on file: Yes _____ No _____

(For Office Use) - Registration Fee: All Levels: \$75.00 Confirmation: \$150.00

Date Paid: _____ *Amount Paid:* _____ *CCD Grade Level:* _____

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