

Registration Date: _____ Recorded: _____

Saint James Faith Formation Registration 2011-2012

Family Name _____

Are you registered at St. James Parish?
Circle: Yes No

Parent(s)/Guardian (with whom the child resides)

Name(s) _____

Address _____

Home Phone _____

Cell Phone _____

Business Phone _____

Family Email Address where we can send important announcements:

Non-Resident Parent (if applicable)

Name _____

Address _____

Home Phone _____ Cell Phone _____

Email: _____

Would you like to receive duplicate mailings or emails? Yes / No (Circle one.)

Children Registering for Classes – 3yrs through 8th Grade

Name	M/F	Grade 2011- 2012	Date of Birth	Check sacraments that each child has received.			
				Baptism	Communion	Reconciliation	Confirmation

Were you previously registered in the Faith Formation Program? Circle: Yes No
 If not, have the children attended a religious education program elsewhere? Yes No
 Where? (name Church and location) _____
 Please write on the back of this paper any special circumstances that you wish to share with us.

