

ST. JAMES FAITH FORMATION REGISTRATION FORM

(Please complete one form for each child)

Child's Full Name _____ Grade _____

Date of Birth _____ Sex: M F School: _____

Mother's Full Name _____ Maiden _____

Father's Full Name _____

Child's Guardian (Lives with) _____

Mailing Address _____
(street, city, state, zip)

Request Mail to 2nd Address (Name/Address) _____

Home Phone # _____ Email address _____

Mother's wk# and/or cell# _____ Father's wk# and/or cell # _____
(please indicate work or cell) (please indicate work or cell)

Emergency contact name and phone # (when child is at Rel. Ed.) _____

Medical Alert for Child _____

Please list all info. that might help us in meeting the needs of your child: allergies, special learning needs, fears, medications, etc.

BAPTISM: St. James (OR) Place: _____

Date: _____

FIRST PENANCE: Yes _____ No _____

FIRST EUCHARIST: St. James (OR) Place: _____

Date: _____

PLEASE SUBMIT A COPY OF BAPTISMAL CERTIFICATE IF THE BAPTISM DID NOT TAKE PLACE HERE AT ST. JAMES

Fees: \$10 per child for grades 1 & 3 thru 9

\$20 for Sacramental Prep (Grade 2 & Update, and Grade 10)

\$45 Family Maximum

___ I wish to have my fee waived at this time

Please make checks

payable to:

St. James

Please return form w/ fee to St. James Office of Faith Formation
147 Main Street
Johnson City, NY 13790

I **give / do not** give permission for my child to participate with on-line Catechesis with St. James Parish, Johnson City. I understand that a subsequent email will be forwarded, providing the date & times of the sessions.

I understand that pictures taken during any St. James event may be used to bring attention to our parish community of the various aspects of our sacramental lives, and may be used on the St. James website. I **give / do not give** permission for the use of my child's photograph in the above-mentioned manner.

Please sign to verify all information is accurate

Parent/Guardian Signature _____