

St. James Catholic Church
Religious Education Registration
2026 - 2027

THIS FORM MUST BE FILLED OUT BY THE PARENT(S)!

Family Last Name:			
Mailing Address:		City:	
Zip:		Email Address:	
Home Phone #:		Cell #:	
Father's Name:			
Mother's Name:			
Emergency Contact Name:		Cell #:	

Please let us know if you change your address or phone number.

Check All That Apply:

New Student: ☐ **Returning Student:** ☐ **First Holy Communion/Confirmation:** ☐

Throughout the school year, we try to capture the life of our church community by taking pictures and videos during various events. Some of our pictures and videos are displayed in the parish bulletin, as well as our parish social media, to share these special moments with our parish family. Please sign below to consent to your child(ren) appearing in this type of media for our parish. Signing below also allows us to contact your child(ren) through email or text.

_____ _____

Parent/Guardian Signature of Consent **Date**

I WISH TO VOLUNTEER FOR RE: YES ☐ **NO** ☐

Office use only

First STUDENT

Rev: 5/11/2023

Last Name:			**Name:**					
DOB: Month / day / year			Gender:	F	M	Class: Office use only		
School:			School grade 2026-27:					
Child needs special accommodations:	Yes	No	Is this child Baptized:				Yes	No
Has received his/her First Communion:	Yes	No	Was this child Baptized in the Catholic Church?				Yes	No
This child's email address & cell phone:								
I wish to enroll this child in:								
RE Class (1st – 5th grade) – Sundays 10:15am to 11:15am								
Youth Group - Middle and High School -Wednesday evenings – 6:00 pm (Mass) to 8:00 pm								
Confirmation class (must be at least 15 and have been in Youth Group prior year)								

Second STUDENT

Last Name:			**Name:**					
DOB: Month / day / year			Gender:	F	M	Class: Office use only		
School:			School grade 2026-27:					
Child needs special accommodations:	Yes	No	Is this child Baptized:				Yes	No
Has received his/her First Communion:	Yes	No	Was this child Baptized in the Catholic Church?				Yes	No
This child's email address & cell phone:								
I wish to enroll this child in:								
RE Class (1st – 5th grade) – Sundays 10:15am to 11:15am								
Youth Group - Middle and High School -Wednesday evenings – 6:00 pm (Mass) to 8:00 pm								
Confirmation class (must be at least 15 and have been in Youth Group prior year)								

Third STUDENT

Last Name:			**Name:**					
DOB: Month / day / year			Gender:	F	M	Class: Office use only		
School:			School grade 2026-27:					
Child needs special accommodations:	Yes	No	Is this child Baptized:				Yes	No
Has received his/her First Communion:	Yes	No	Was this child Baptized in the Catholic Church?				Yes	No
I wish to enroll this child in:								
RE Class (1st – 5th grade) – Sundays 10:15am to 11:15am								
Youth Group - Middle and High School -Wednesday evenings – 6:00 pm (Mass) to 8:00 pm								
Confirmation class (must be at least 15 and have been in Youth Group prior year)								