

**For Office Use**  
 Family Name: \_\_\_\_\_  
 School Year: \_\_\_\_\_  
 Fee: \_\_\_\_\_ Check #: \_\_\_\_\_

**Parish Religious Education Program Registration Form**  
 ST. JAMES PARISH

*Complete Form. Print clearly. For first time registrations, please bring an original and one copy of each child's Baptismal Certificate.*

Child's Full Name (First, Middle, & Last)	Sex M/F	Date of Birth	Grade Level	Name of Day School	Baptism Date & Parish	1 <sup>st</sup> Penance Date	1 <sup>st</sup> Communion Date

Family Name: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_ Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Work or Cell Phone #: \_\_\_\_\_ Religion \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Work or Cell Phone #: \_\_\_\_\_ Religion \_\_\_\_\_

- Name of Person\* responsible for Religious Education if not Parent/Guardian \_\_\_\_\_ Relationship \_\_\_\_\_  
 \*Please provide a letter signed by a parent/guardian which gives permission and names this person as the one responsible for the child(ren)'s religious education.
- I have read the Parent Handbook and understand and agree to the requirements and expectations of the St. James Parish Religious Education Program
- Please check box if there are custodial/legal issues regarding any child listed above and provide a complete copy of the court order.
- I give permission for my child's picture to appear on the parish name website, bulletin boards, newspaper articles in relation to events that happen in the parish.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Relationship to Child(ren) \_\_\_\_\_  
 1 Please Turn---->

Family No. \_\_\_\_\_

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ST. JAMES PARISH

**EMERGENCY CONTACT INFORMATION:**

If we are unable to reach you, whom should we contact?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number (home) \_\_\_\_\_  
(cell) \_\_\_\_\_

**CONSENT FOR MEDICAL CARE:**

I give permission that, in my absence, my children whose names appear on page 1 of this registration form, may receive emergency medical care for injuries and all situations that should occur while participating in the Religious Education Program programs and activities at St. James Parish.

Signed (Parent/Legal Guardian): \_\_\_\_\_ Date: \_\_\_\_\_

**MEDICAL/LEARNING DATA**

If any of the following apply to your child, please list his/her name and give details in the appropriate spaces.

Child's Name	Medical Conditions / Allergies	Prescribed Medications	Disability* / Learning Support Services	Individualized Education Program IEP
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO

Is there other information about your child that should be communicated?

\_\_\_\_\_

\* As defined by *Individuals with Disabilities Education Act (IDEA)*, the term "child with a disability" means a child: "with mental retardation, hearing impairments (including deafness), speech or language impairments, visual impairments (including blindness), serious emotional disturbance, autism, traumatic brain injury, other health impairments, or specific learning disabilities; and who, by reason thereof, needs special education and related services.