

**Religious Education Registration Form
St. James Catholic Church, Seguin, TX
2018-2019**

Name of Child: _____
First M.I. Last

Gender: M F **Date of Birth:** _____ **Grade:** _____

Address: _____
Street

City State Zip Code

Has your child celebrated the Sacrament of Baptism? _____ Yes _____ No
Has your child celebrated the Sacrament of Confession? _____ Yes _____ No
Has your child celebrated the Sacrament of Communion? _____ Yes _____ No

Name of Father: _____

Phone: (h) _____ (c) _____ (w) _____

Best number and best time to call: _____

Name of Mother: _____

Phone: (h) _____ (c) _____ (w) _____

Best number and best time to call: _____

Child resides with: Mother Father Both

Email address of one parent: _____

Alternate/Emergency Contact (not parent): _____

Phone: (h) _____ (c) _____ (w) _____
If applicable

To whom we may release child: (other than biological parent or legal guardian)?

Name of Adult: _____

Phone: (h) _____ (c) _____ (w) _____

Health Issues/Medications/Conditions/Special Concerns:

Teachers and aides will not distribute medication (prescription or non-prescription).

Will you help with the religious education of our children?

____ Teacher ____ Teacher Aide ____ Substitute Teacher

____ Parent Session refreshments (Oct. 14, 2018)

____ Soup Supper/Stations of Cross (April 12, 2019)

*We ask a donation to help defray costs of the Religious Education Program (books, supplies, utilities).
The donation is \$30 per child. **No child will be excluded from attending Religious Education classes.**
We can work with you, make payment arrangements or find scholarship money if you need this.*

____ **Yes, attached is our gift to support religious education in St. James Parish.**

____ **Cash \$30 per child**

____ **Check # _____ \$30 per child**

Signature of one parent: _____ Date: _____

THANK YOU!!!