

St. James Catholic School  
Religious Education Office  
830 West Broad Street  
Falls Church, VA 22046  
703-533-1182 x104

**Religious Education Program  
Registration Form (2022-2023)**  
(Grades K-12)

Registration Information

<i>Office use only</i>	
Date received:	_____
Amount paid:	_____
Date paid:	_____
Birth Certificate	_____
Certificate of Baptism:	_____
Processed:	_____

**ALL REGISTERED STUDENTS MUST PRESENT A COPY OF THEIR BIRTH  
CERTIFICATE AND THEIR BAPTISMAL CERTIFICATE**

New registration \_\_\_\_ Re-registration \_\_\_\_

**Are you a registered member of St. James Parish? \_\_\_\_ Parish-registration # \_\_\_\_\_**  
*(Registration in St. James Parish is ordinarily required for registration of children in classes.)*

Family Information

By what title should mail be addressed to you?    Mr./Mrs.   Mr.   Mrs.   Ms.   Miss

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

Home Address: \_\_\_\_\_  
(number)                      (street)                      (city/county)                      (zip code)

Child(ren) live with: \_\_\_\_\_

Language(s) spoken at home: \_\_\_\_\_

Father

Mother

First Name: \_\_\_\_\_ First & Maiden Names: \_\_\_\_\_

Religion: \_\_\_\_\_ Religion: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Work Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_  
(If different from home #)                      (If different from home #)

E-Mail: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Are you interested in volunteering in the Religious Education Program this year as a catechist, classroom aide, substitute, office aide, or general aide?    Yes    No

**Tuition**

**1 child-\$140.00    2 or more children-\$190.00**

**Please make checks payable to “St. James Religious Education”.**

**Please fill out the other side of this form. →**

**SCHOOL REACH EMERGENCY CONTACT SYSTEM:**

**PLEASE PROVIDE ONE CELL PHONE NUMBER: \_\_\_\_\_**

**Student and Sacrament Information**

**Student #1** Male: \_\_\_\_\_ Female: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
First Middle Initial Last Month / Day / Year

Age: \_\_\_\_\_ School attending in September: \_\_\_\_\_ Grade in Sept.: \_\_\_\_\_

Preferred Class Time for this student on Tuesdays: \_\_\_\_\_ 4:45-6:00 p.m. \_\_\_\_\_ 7:00-8:15 p.m.

Baptism: \_\_\_\_\_ 1<sup>st</sup> Eucharist: \_\_\_\_\_  
Month / Year Name of Church Month / Year Name of Church

1<sup>st</sup> Penance: \_\_\_\_\_ Confirmation: \_\_\_\_\_  
Month / Year Name of Church Month / Year Name of Church

**Student #2** Male: \_\_\_\_\_ Female: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
First Middle Initial Last Month / Day / Year

Age: \_\_\_\_\_ School attending in September: \_\_\_\_\_ Grade in Sept.: \_\_\_\_\_

Preferred Class Time for this student on Tuesdays: \_\_\_\_\_ 4:45-6:00 p.m. \_\_\_\_\_ 7:00-8:15 p.m.

Baptism: \_\_\_\_\_ 1<sup>st</sup> Eucharist: \_\_\_\_\_  
Month / Year Name of Church Month / Year Name of Church

1<sup>st</sup> Penance: \_\_\_\_\_ Confirmation: \_\_\_\_\_  
Month / Year Name of Church Month / Year Name of Church

**Student #3** Male: \_\_\_\_\_ Female: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
First Middle Initial Last Month / Day / Year

Age: \_\_\_\_\_ School attending in September: \_\_\_\_\_ Grade in Sept.: \_\_\_\_\_

Preferred Class Time for this student on Tuesdays: \_\_\_\_\_ 4:45-6:00 p.m. \_\_\_\_\_ 7:00-8:15 p.m.

Baptism: \_\_\_\_\_ 1<sup>st</sup> Eucharist: \_\_\_\_\_  
Month / Year Name of Church Month / Year Name of Church

1<sup>st</sup> Penance: \_\_\_\_\_ Confirmation: \_\_\_\_\_  
Month / Year Name of Church Month / Year Name of Church

**If any of your children have learning disabilities, behavioral difficulties, medical conditions, or allergies of which we should be aware, then please briefly explain:**

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