

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

**Religious Education Program
Registration Form (2024-2025)**
(Grades K-12)

Registration Information

<i>Office use only</i>	
Date received:	_____
Amount paid:	_____
Date paid:	_____
Birth Certificate:	_____
Baptismal Certificate:	_____
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) (Apt. #) (city/state) (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: _____ 1st Eucharist: _____
Month / Year Name of Church Month / Year Name of Church

1st 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: _____ 1st Eucharist: _____
Month / Year Name of Church Month / Year Name of Church

1st 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: _____ 1st Eucharist: _____
Month / Year Name of Church Month / Year Name of Church

1st 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:

