

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

**Religious Education Program  
Registration Form (2025-2026)**  
(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 #: \_\_\_\_\_  
(If different from home #)

Cell Phone #: \_\_\_\_\_  
(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. →**

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

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

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.

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

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

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.

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

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

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.

**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:*