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

Office use only
Date received: _____
Amount paid: _____N/A_____
Date paid: _____N/A_____
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

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.: _____

Class Time for this student on Sundays: 10:15am – 11:00am

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.: _____

Class Time for this student on Sundays: 10:15am – 11:00am

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.: _____

Class Time for this student on Sundays: 10:15am – 11:00am

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

Please briefly explain learning disabilities, behavioral difficulties, medical conditions, or allergies of which we should be aware:

_____

_____

_____