

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

**Religious Education Program
Registration Form (2026-2027)**
(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-\$150.00 2 or more children-\$200.00

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.

1st 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.

1st 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.

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:
