St. James Registration Form

Religious Education

Please complete the registration form and drop in collection basket or return to the parish office. All Religious Education classes K-12 will be held on Sunday mornings from 7:45am- 8:45am in the school.

Parent/Guardian Name(s)

_____
(Last) (Father/Guardian) (Mother/Guardian)

Home Address:_____
(Street) (City) (State) (Zip)

Home Phone#:_____

1st-Student Name:_____
(Last) (First)

Grade:_____**School Attending:**_____

Medical Problem/Allergies/Instruction of Care _____

List any medications your child takes on a regular basis_____

2nd-Student Name:_____
(Last) (First)

Grade:_____**School Attending:**_____

Medical Problem/Allergies/Instruction of Care _____

List any medications your child takes on a regular basis_____

St. James Registration Form (cont)

If more then two students

3rd-Student Name:_____
(Last) (First)

Grade:_____School Attending:_____

Medical Problem/Allergies/Instruction of Care _____

List any medications your child takes on a regular basis_____

4th-Student Name:_____
(Last) (First)

Grade:_____School Attending:_____

Medical Problem/Allergies/Instruction of Care _____

List any medications your child takes on a regular basis_____

Fees:

_____Grades K-12 each student $20.00

Registration Fee: Amount Paid_____Ck #/ Cash_____Date:_____

Religious Education Emergency Form

Today's Date:_____Home Phone #_____

Children's Names and date of Birth:

_____ _____

_____ _____

_____ _____

Mother:_____

(Last) (First) (Maiden)

Cell #:_____ Religion:_____

Father:_____

(Last) (First)

Cell #:_____ Religion:_____

Home Address:_____

(Street) (City) (State) (Zip)

1st Emergency Name and Phone#:_____

2nd Emergency Name and Phone#:_____

Family Dr.:_____Phone#:_____Hospital:_____

Parents Living together? _____Yes _____No

With whom do children live?_____

I n case of accident or serious illness, I request the parish to contact me. If I cannot be reached, I hereby authorize the parish to make whatever arrangements the circumstances allow.

It is understood and agreed that neither the parish, the teacher, nor the Catholic Diocese of Evansville is the insurer of my children's health and safety while they are at or engaged in a parish-supervised function. I understand it to be my obligation to provide such insurance as I may desire to purchase to protect myself and my children against the cost of sickness or injury.

If any of the above named children need emergency medical treatment, neither a parent nor the designated family physician can be contacted, consent is hereby granted for such emergency treatment as may be considered necessary in the opinion of the attending physician.

_____ _____

(Father or Guardian's signature) (Date) (Mother or Guardian's Signature) (Date)

Volunteer Sign-ups

Need more Information:

I am interested in finding out more information about serving as a Catechist, Substitute Catechist, or a Catechist Aide.

Catechist:

Name:_____Phone #:_____

Substitute Catechist:

Name: _____Phone #:_____

Catechist Aide:

Name:_____Phone #:_____

Rite of Christian Initiation for Adults (RCIA)

I am interested in being a Candidate and learning more about the Catholic Faith.

Name:_____Phone #:_____

I am interested in helping with the RCIA program.

Name:_____Phone #:_____

Special Requests:_____

_____