

ST. JAMES — ST. LEO CATHOLIC COMMUNITY
2019-2020 Faith Formation for Children (PreK-8th)
NEW FAMILY REGISTRATION FORM

Last Name of Child(ren): _____

Address of Child(ren): _____

City: _____ Zip: _____

Registered members of St. James? ☐ yes ☐ no If not, where? _____

Main contact: Mother ____ Father ____ Send emails to both parents? **Yes No**

Mother's Name: _____ Religion: _____

Email: _____ Phone: _____

Father's Name: _____ Religion: _____

Email: _____ Phone: _____

☐ Please let me know about volunteer opportunities in the classroom and for special events.

In case of emergency, when parents cannot be reached, please contact:

Name: _____ Relation: _____

Cel phone: _____

*I authorize Faith Formation personnel to obtain Emergency Medical Treatment for my children, including transportation to the hospital. **Parent Signature:** _____*

☐ I give permission to St. James for my child(ren)'s image to be used in church media.

First Child's Name: _____ Gender: M / F Birthdate: _____

Grade: _____ School: _____ City of birth: _____

Medical issues/learning disabilities/allergies: _____

Attended Faith Formation last year? **Yes No** If so, where? _____

Child Baptized? **Yes No** Date of Baptism: _____

Church of Baptism: _____ City/State: _____

Received First Reconciliation yet? **Yes No** Received First Communion yet? **Yes No**

*If seeking 1st Communion: We need a copy of your **baptism certificate**, unless baptized at St. James.*

Requested Class Time: ____ 8am (2nd -6th) ____ 9am (PreK – K) ____ 10:15am (1st – 8th)

NOTES:

____ Check here if more children on back

Second Child's Name: _____ Gender: M / F Birthdate: _____
Grade: _____ School: _____ City of birth: _____
Medical issues/learning disabilities/allergies: _____
Attended Faith Formation last year? **Yes No** If so, where? _____
Child Baptized? **Yes No** Date of Baptism: _____
Church of Baptism: _____ City/State: _____
Received First Reconciliation yet? **Yes No** Received First Communion yet? **Yes No**
*If seeking 1st Communion: We need a copy of your **baptism certificate**, unless baptized at St. James.*
Requested Class Time: ___ 8am (2nd -6th) ___ 9am (PreK – K) ___ 10:15am (1st – 8th)

Third Child's Name: _____ Gender: M / F Birthdate: _____
Grade: _____ School: _____ City of birth: _____
Medical issues/learning disabilities/allergies: _____
Attended Faith Formation last year? **Yes No** If so, where? _____
Child Baptized? **Yes No** Date of Baptism: _____
Church of Baptism: _____ City/State: _____
Received First Reconciliation yet? **Yes No** Received First Communion yet? **Yes No**
*If seeking 1st Communion: We need a copy of your **baptism certificate**, unless baptized at St. James.*
Requested Class Time: ___ 8am (2nd -6th) ___ 9am (PreK – K) ___ 10:15am (1st – 8th)

Fourth Child's Name: _____ Gender: M / F Birthdate: _____
Grade: _____ School: _____ City of birth: _____
Medical issues/learning disabilities/allergies: _____
Attended Faith Formation last year? **Yes No** If so, where? _____
Child Baptized? **Yes No** Date of Baptism: _____
Church of Baptism: _____ City/State: _____
Received First Reconciliation yet? **Yes No** Received First Communion yet? **Yes No**
*If seeking 1st Communion: We need a copy of your **baptism certificate**, unless baptized at St. James.*
Requested Class Time: ___ 8am (2nd -6th) ___ 9am (PreK – K) ___ 10:15am (1st – 8th)