St. James Parish Religious Education

Family Record **(Please Print)**

Head of Household (last name) _____

Mailing Address _____

City & Zip _____

Home Phone _____ E-mail _____

Cell Phone _____ Cell Phone _____

Father's Name _____ Religion _____

Mother's Name _____ Religion _____

Mother's Maiden Name _____

Parents are: Married _____ Remarried _____ Separated _____

Divorced _____ Deceased _____ Single _____

Married by a Catholic Priest? Yes ☐ No ☐

Place, City and State of Marriage: _____

Father's Occupation: _____

Place of Employment:_____ Phone:_____

Mother's Occupation: _____

Place of Employment:_____ Phone:_____

Contact (other than parent(s)) in case of emergency:

Name: _____ Phone:_____

Relationship: _____ Cell Phone _____

If you are interested in volunteering to help with our program. Please indicate your preference:

Teacher _____ Co-Teacher _____ Substitute Teacher _____

Teacher's Aid _____ Clerical Help _____ Other _____

CHILDREN ENROLLED IN RELIGIOUS EDUCATION

FIRST NAME	LAST NAME	DATE OF BIRTH/ GRADE	BAPTIZED YES/NO