

St. James Parish Religious Education
Family Record

(Please Print)

Head of Household (last name) _____
Mailing Address _____
City & Zip _____
Primary Phone _____ Secondary Phone _____
E-mail _____

Please ✓ and complete all that apply

☐ Father's Name: _____ Religion _____

☐ Stepfather's Name: _____ Religion _____

☐ Mother's Name _____ Religion _____

Mother's Maiden Name _____

☐ Stepmother's Name _____ Religion _____

Parents are: Married _____ Cohabiting _____ Separated _____
Divorced _____ Remarried _____ Widowed _____ Single _____

Married by a Catholic Priest? Yes ☐ No ☐

Place, City and State of Marriage: _____

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

Name: _____ Relationship to child: _____

Cell Phone (1): _____ Cell Phone (2) _____

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

BAPTIZED

	<u>FIRST NAME</u>	<u>LAST NAME</u>	<u>DATE OF BIRTH</u>	<u>GRADE</u>
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YES/NO

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