St James Parish

Religious Ed. Registration

453 S Main St, Amherst, WI 54406 **Term:** 2020-2021

ILY INFORMAT	ION		
nily Last Name:		Date:	
Home Phone:			
			es / No
DENT #1 INFOR	MATION		
Child Name:		Catholic?	Yes / No
	☐Male ☐Female	Sacrament Details	Check & Date All Below
Birth Date:		Baptism:	
Session: Class:	(Medical, Learning Disabilities	☐ Reconciliation Prep: ☐ Confirmation:	
Session: Class:	(Medical, Learning Disabilities	☐ Reconciliation Prep: ☐ Confirmation:	
Session: Class: Special Needs	(Medical, Learning Disabilities	☐ Reconciliation Prep: ☐ Confirmation: , Physical Disabilities, etc):	
Session: Class: Special Needs DENT #2 INFOR Child Name:	(Medical, Learning Disabilities	☐ Reconciliation Prep: ☐ Confirmation: , Physical Disabilities, etc):	
Session: Class: Special Needs DENT #2 INFOR Child Name: Gender:	(Medical, Learning Disabilities MATION	☐ Reconciliation Prep: ☐ Confirmation: , Physical Disabilities, etc): Catholic? Sacrament Details	Yes / No
Session: Class: Special Needs DENT #2 INFOR Child Name: Gender: Birth Date:	(Medical, Learning Disabilities MATION □ Male □ Female	☐ Reconciliation Prep: ☐ Confirmation: , Physical Disabilities, etc): Catholic? Sacrament Details ☐ Baptism:	Yes / No
Session: Class: Special Needs DENT #2 INFOR Child Name: Gender: Birth Date: Grade:	(Medical, Learning Disabilities MATION □ Male □ Female	☐ Reconciliation Prep: ☐ Confirmation: , Physical Disabilities, etc): Catholic? Sacrament Details ☐ Baptism: ☐ Eucharist:	Yes / No Check & Date All Below

NOTE: If any of your children were baptized outside of this parish, and you have not already supplied us with a copy of each child's baptismal record, you will need to supply a copy for our files.

Tuition DUE: \$______ Tuition PAID: \$______ Signature: _____

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Additional Students

Child Name:		Catholic?	Yes / No
Gender:	☐ Male ☐ Female	Sacrament Details	Check & Date All Below
Birth Date:		Baptism:	
Special Needs	(Medical, Learning Disabilities,	Physical Disabilities, etc):	
ENT #4 INFOR	MATION		
Child Name:		Catholic?	Yes / No
Gender:	☐ Male ☐ Female	Sacrament Details	Check & Date All Below
Birth Date:		Baptism:	
		Eucharist:	
Grade:			
Grade: Session: Class:		☐ Reconciliation Prep: ☐ Confirmation:	
Grade: Session: Class: Special Needs	(Medical, Learning Disabilities,	☐ Reconciliation Prep: ☐ Confirmation:	
Grade: Session: Class:	(Medical, Learning Disabilities,	☐ Reconciliation Prep: ☐ Confirmation:	
Grade: Session: Class: Special Needs ENT #5 INFOR Child Name:	(Medical, Learning Disabilities,	Reconciliation Prep: Confirmation: Physical Disabilities, etc):	
Grade: Session: Class: Special Needs ENT #5 INFOR Child Name: Gender:	(Medical, Learning Disabilities, MATION □ Male □ Female	Reconciliation Prep: Confirmation: Physical Disabilities, etc): Catholic? Sacrament Details	Yes / No
Grade: Session: Class: Special Needs ENT #5 INFOR Child Name: Gender: Birth Date:	(Medical, Learning Disabilities, MATION □ Male □ Female	Reconciliation Prep: Confirmation: Physical Disabilities, etc): Catholic? Sacrament Details Baptism:	Yes / No Check & Date All Below
Grade: Session: Class: Special Needs ENT #5 INFOR Child Name: Gender: Birth Date: Grade:	(Medical, Learning Disabilities, MATION ☐ Male ☐ Female	Reconciliation Prep: Confirmation: Physical Disabilities, etc): Catholic? Sacrament Details Baptism: Eucharist:	Yes / No Check & Date All Below
Grade: Session: Class: Special Needs ENT #5 INFOR Child Name: Gender: Birth Date: Grade: Session:	(Medical, Learning Disabilities, MATION □ Male □ Female	Reconciliation Prep: Confirmation: Physical Disabilities, etc): Catholic? Sacrament Details Baptism: Eucharist: Reconciliation Prep:	Yes / No Check & Date All Below

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