ISJ Religious Education Program Registration Form

2025-2026

We are excited to announce that our Religious Education Program will commence the week of September 22, 2025 and conclude on April 20, 2026. The classes, facilitated by our dedicated volunteer catechists, will run Monday nights from 6:00-7:30 at the Maxis Center for grades 1-6. Our catechists will be implementing the Christ Our Life program from Loyola Press. Grades 7 and 8 classes are held on Wednesday night from 6:00-7:30 beginning February 4th. We kindly remind you of the profound impact of consistent attendance and active participation at Mass are in instilling the values of faith in our children.

Tuition

1 Child: $100
2 Children: $125
3 Children or more: $150
Payment due at time of registration by cash or check.
Make checks payable to Incarnation – St. James.

Registration

◆Please submit a separate Registration & Emergency Contact Form for each child.
◆You may download the fillable form, or fill it out on line, then print the form.
◆When completed, place it in an envelope, and return it to the available boxes at church, or drop it off at the rectory.

STUDENT INFORMATION

Last Name	First Name	M.I.	Suffix	Gender

Date of Birth mm/dd/yyyy	Place of Birth City	State	Country	For Office Use

School District in September 2025

	Current Age

School Name in September 2025

	Grade in Sept. 2025	Last Religious Education Grade Completed

FAMILY CONTACT INFORMATION

Address	Apt. #	City	State	Zip Code

Contact Phone #	Type of Phone:	Contact E-mail #
	Cell	
	Landline	

Parish Information

Is the family registered in a Catholic Parish?   Yes   No

Is the family a registered member of Incarnation - St. James?   Yes   No

If no, would you like to become a member of Incarnation - St. James?   Yes   No

If you are not registered at Incarnation - St. James, please complete the information below.

Name of Catholic Parish	Diocese of Church (if known)

Address	City	State	Country

Student Sacramental Information

Baptism

Was your child Baptized?   Yes   No

Date of Baptism (mm/dd/yyyy)	Church of Baptism	Diocese of Church (if known)

Address	City	State	Country

First Penance

Has your child received First Penance?   Yes   No

Date of First Penance (mm/dd/yyyy)	Church of First Penance	Diocese of Church (if known)

Address	City	State	Country

First Holy Communion

Has your child received First Holy Communion?   Yes   No

Date of First Holy Communion (mm/dd/yyyy)	Church of First Holy Communion	Diocese of Church (if known)

Address	City	State	Country

Special Information

Medical

Are there any allergies we need to be made aware of (i.e., food, bee sting)? Yes No

Explain

Are there any physical needs or limitations we should be made aware of? Yes No

Explain

Educational

In your current district, does your child have a 504 Plan? Yes No

Explain

In your current district, does your child have an IEP? Yes No

Explain

Legal

Are there Custody or Legal Issues concerning your child? Yes No

If yes, please provide a brief summary of the matter. The information you share will be held in confidence.

Who is the Custodial parent?

Other

Are there other matters you would like to share? Yes No

Explain

PARENT INFORMATION

FATHER

Prefix	Last Name	First Name	M.I.	Suffix

Marital Status

Married   Remarried

Divorced   Single Parent

Father's Religion

MOTHER

Prefix	Last Name	First Name	M.I.	Suffix

Maiden Name

Marital Status

Married   Remarried

Divorced   Single Parent

Mother's Religion

CONSENT

I consent to the use of any videotapes and/or photographs in which my child may appear by the Diocese of Trenton and/or the parish of Incarnation - St. James. I understand that these materials are being used for promotion of Incarnation - St. James' Religious Education programs and/or activities, which may include recruitment and fundraising efforts. Please contact the parish office if you disagree with these terms.

Signature of Parent/Guardian   Date Signed (mm/dd/yyyy)

EMERGENCY CONTACT INFO

Student Name

Last	First

Parent / Guardian Name

Last	First

Emergency Contact Number

Please indicate below the person/s to be contacted in the case of an emergency (when parent/guardian cannot be reached):

First Contact

Last Name	First Name

Phone Contact #	Relationship

Second Contact

Last Name	First Name

Phone Contact #	Relationship