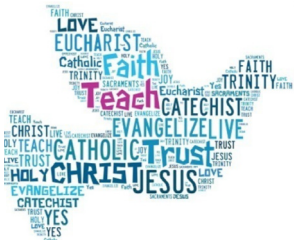

ISJ Religious Education Program Registration Form 2026-2027

We are excited to announce that our Religious Education Program will commence the week of September 28, 2026 and conclude on April 19, 2027. 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 Monday night from 6:00-7:30 beginning January 25th. 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.

Click circle to **RESET FORM**

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

School District in September 2025 | Current Age

School Name in September 2025 | Grade in Sept. 2025 | Last Religious Education Grade Completed

For Office Use

Family Contact Information

Address | Apt. # | City | State | Zip Code

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

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

Phone Contact # | Relationship