

**St. James/St. Leo Catholic Community
2010-2011 Faith Formation for Children
Family Registration Form**

FOR OFFICE USE ONLY

Date _____

Check# _____

Amount _____

Family Last Name _____ Address _____

City _____ Zip _____ Home Phone _____

Father's Name _____ Mother's Name _____

Religion _____ Religion _____

Marital Status _____ Marital Status _____

E-mail _____ E-mail _____

Work Phone _____ Work Phone _____

Cell Phone _____ Cell Phone _____

Are you a registered parishioner? _____

Fee: \$100 per student and \$50 for each additional child. Fee is due on or before August 15, 2009. **After August 15th**, the fee is \$150 per student and \$75 each additional child. Please send your check, payable to "St. James" with registration form to:

St. James Catholic Church
Attn: Lee Santen
625 So. Nardo Ave.
Solana Beach, CA 92075

**Grades 1 thru 7 meet Sunday mornings
at St. James Academy**

Please indicate your first choice:

Grade 1-2	9:00AM _____	10:15AM _____
Grade 3-6:	8:00AM _____	10:15AM _____
Grade 7		10.15AM _____

Kindergarten meets Sunday
from 9:00 a.m. to 10:00 a.m.
at St. James Academy

In the Case of Emergency and parents/guardians cannot be reached, please contact:

Name: _____

Phone: _____ Cell: _____

Family Doctor: _____ Ph.: _____

I hereby authorize the Parish Religious Education personnel to obtain Emergency Medical Treatment, including transportation to hospital, for my children.

Parent or Guardian Signature

First Child's Name: _____

Last Name if different from Family's: _____

Grade: _____

Gender: _____ Age: _____

Date of Birth: _____

Place of Birth: _____

Date of Baptism: _____

Church of Baptism: _____

Church Address: _____

Please state any medical conditions or learning disabilities:

Attended St. James School of Religion last year? Yes _____ No _____

If no, where and when?

Has child received the following?
 First Reconciliation _____
 First Communion _____

Second Child's Name: _____

Last Name if different from Family's: _____

Grade: _____

Gender: _____ Age: _____

Date of Birth: _____

Place of Birth: _____

Date of Baptism: _____

Church of Baptism: _____

Church Address: _____

Please state any medical conditions or learning disabilities:

Attended St. James School of Religion last year? Yes _____ No _____

If no, where and when?

Has child received the following?
 First Reconciliation _____
 First Communion _____

Third Child's Name: _____

Last Name if different from Family's: _____

Grade: _____

Gender: _____ Age: _____

Date of Birth: _____

Place of Birth: _____

Date of Baptism: _____

Church of Baptism: _____

Church Address: _____

Please state any medical conditions or learning disabilities:

Attended St. James School of Religion last year? Yes _____ No _____

If no, where and when?

Has child received the following?
 First Reconciliation _____
 First Communion _____