

St James Parish
Religious Education Registration
 200 Walnut Street, Sewickley, PA 15143

Family Last Name: _____ Date: _____
 Father's Name: _____ Home Phone: _____
 Mother's Name: _____ Mom/Dad Work/Cell: _____
 Mother's Maiden: _____ Emergency Contact: _____
 Custodial Parent, if different from above: _____ Email: _____
 Home Address: _____ Both Parents Catholic? Y ___ N ___

Child	Birthdate	Sex	Grade	Session	School
_____	_____	_____	_____	_____	_____
Sacrament and Date:	Baptism	Catholic?	Eucharist	Penance	Confirmation
	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Special Needs: medical, learning disabilities, physical disabilities: _____					

Child	Birthdate	Sex	Grade	Session	School
_____	_____	_____	_____	_____	_____
Sacrament and Date:	Baptism	Catholic?	Eucharist	Penance	Confirmation
	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
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Special Needs: medical, learning disabilities, physical disabilities: _____					

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 Pd: \$ _____ Signature: _____
 (\$45 for one child, \$65 for two, \$75 for three or more)