

# St. James Parish

## Religious Ed. Registration

845 Lakeshire Dr, Tupelo, MS 38802

**Term:** 2018-2019

### FAMILY INFORMATION

**Family Last Name:** \_\_\_\_\_  
Father's Name: \_\_\_\_\_  
Mother's Name: \_\_\_\_\_  
Mother's Maiden: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City, ST Postal: \_\_\_\_\_

**Date:** \_\_\_\_\_  
Father's Cell / Work: \_\_\_\_\_  
Mother's Cell / Work: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
**Emergency Contact:** \_\_\_\_\_  
Emergency Phone: \_\_\_\_\_  
Both Parents Catholic? Yes / No

### STUDENT #1 INFORMATION

**Child Name:** \_\_\_\_\_  
Gender:    Male    Female  
Birth Date: \_\_\_\_\_  
Grade: \_\_\_\_\_  
Session: \_\_\_\_\_  
Class: \_\_\_\_\_

**Catholic?** Yes / No  
**\*REQUIRED INFORMATION**  
**Sacrament Details**    **DATE and Church-City/State**  
Baptism: \_\_\_\_\_  
Eucharist: \_\_\_\_\_  
Reconciliation Prep: \_\_\_\_\_  
Confirmation: \_\_\_\_\_

**Special Needs** (Medical, Learning Disabilities, Physical Disabilities, etc):  
\_\_\_\_\_

### STUDENT #2 INFORMATION

**Child Name:** \_\_\_\_\_  
Gender:    Male    Female  
Birth Date: \_\_\_\_\_  
Grade: \_\_\_\_\_  
Session: \_\_\_\_\_  
Class: \_\_\_\_\_

**Catholic?** Yes / No  
**\*REQUIRED INFORMATION**  
**Sacrament Details**    **DATE and Church- City/State**  
Baptism: \_\_\_\_\_  
Eucharist: \_\_\_\_\_  
Reconciliation Prep: \_\_\_\_\_  
Confirmation: \_\_\_\_\_

**Special Needs** (Medical, Learning Disabilities, Physical Disabilities, etc):  
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