

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):
