

**2018-2019 REGISTRATION FORM
 REGION 2 FAITH FORMATION / GRADES K - 5
 and YOUTH MINISTRY / GRADES 6 - 12**

Our family is registered at (check one) Christ the King, Leechburg St. James, Apollo
 St. Gertrude, Vandergrift OL Queen of Peace, East Vandergrift
 Other (Name): _____

FAMILY INFORMATION (please print)

Family's LAST Name _____ Family Email Address _____

Mailing Address _____ Home or Primary Number _____

City _____ State _____ Zip _____

Father's First Name _____ (Last Name) _____ Father's Cell Number _____

Mother's First Name _____ (Maiden Name) _____ Mother's Cell Number _____

Father's Religion: _____ Mother's Religion: _____

Shared Custodial Parent (or person child/children live with if different from above)

Name _____ Address _____ Phone Number _____

In the event of an emergency, who should be contacted?

Name _____ Phone Number _____



Student Information

Name <small>(Include last name if different from family name)</small>	Date of Birth	Grade	Check (✓) Sacraments Received			
			BAPTISM	PENANCE	EUCARIST	CONFIRMATION
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Special Considerations: (Please include helpful information about learning difficulties, allergies and immediate treatment, physical or health needs, separation/divorce or other family circumstances of which you feel we should be made aware. These considerations are only shared with faith formation staff and teachers.)

How can we empower your child/children in our programs?

SUGGESTED MATERIALS FEES / 2018-2019

- One (1) child: \$20.00
- Two (2) or More Children: \$40.00

Make checks payable to St. James Church and note "Formation Registration" on the memo line of the check.

You may either mail the check directly to St. James Church at 109 Owens View Avenue, Apollo, PA, 15613 - OR - place your check in an envelope marked "Formation Registration" and simply drop it in the collection at Mass.



For Office Use Only:

Payment Amount: \$ _____ Check # _____ Cash: \$ _____ Date Paid: _____