

St. James Parish Religious Education
Family Record

(Please Print)

Head of Household (last name) _____
Mailing Address _____
City & Zip _____
Home Phone _____ E-mail _____
Cell Phone _____ Cell Phone _____

Father's Name _____ Religion _____
Mother's Name _____ Religion _____
Mother's Maiden Name _____
Parents are: Married _____ Remarried _____ Separated _____
Divorced _____ Deceased _____ Single _____

Married by a Catholic Priest? Yes No
Place, City and State of Marriage: _____

Father's Occupation: _____
Place of Employment: _____ Phone: _____

Mother's Occupation: _____
Place of Employment: _____ Phone: _____

Contact (other than parent(s)) in case of emergency:
Name: _____ Phone: _____
Relationship: _____ Cell Phone _____

If you are interested in volunteering to help with our program. Please indicate your preference:

Teacher _____ Co-Teacher _____ Substitute Teacher _____
Teacher's Aid _____ Clerical Help _____ Other _____

CHILDREN ENROLLED IN RELIGIOUS EDUCATION

FIRST NAME

LAST NAME

DATE OF BIRTH/ GRADE

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____