



Saint James the Greater

SUNDAY PRESCHOOL REGISTRATION

Please return completed forms to Religious Education in the Parish Center.

Family Name: _____ Phone Number: _____

Address: _____ Zip Code _____

Father's First Name: _____ Mother's: _____

Email Address #1: _____ Email Address #2: _____

Are you a registered member of St. James Parish? Yes _____ No _____

Student Name _____ Birth Date: _____

Current Grade: _____ School Student Attends: _____

Does your child have any special needs*? Yes _____ No _____

[*i.e., food allergies, visual, speech, hearing, learning, other physical, and/or mental challenge(s)]
Please provide specific information on this sheet to enable the teacher to better serve the needs of your child. All information given will be treated as confidential, and shared only on a need-to-know basis.

FEE - \$40.00 per student

If you are interested in assisting with the PSR program, please check the appropriate lines:

Teacher _____ Substitute Teacher _____ Teacher's Aide _____

Office use only:

PDS _____ Date: _____ Registration Fee: _____ Check #: _____ Cash: _____

Please contact the Religious Education Office (513.741.5335) to discuss payment options.