



Saint James the Greater
CONFIRMATION CHOSEN PROGRAM REGISTRATION
2020.2021

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

Student Name _____ Birth Date: _____

School Student Attends: _____

Parish at which sacraments received and year of reception:

Baptism: _____ 1st Reconciliation _____

First Communion _____

Family Name: _____ Phone Number(s): _____

Address: _____ Zip Code _____

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

Email #1: _____ Email #2: _____

Are you a registered member of St. James Parish? Yes ___ No ___ If no, at what parish are you registered?

Please check if you have the following capabilities:

- Access to a computer
- Videochat (such as Zoom or WhatsApp)

If you do not have these installed, do you have the ability to do so? Yes _____ No _____

If not, are you open to in-person monthly check-ins with a catechist? Yes _____ No _____

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 - \$20.00* per student

Office use only:

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

****If your child was baptized outside of this parish, and you have not already supplied us with a copy of your child's baptismal certificate, you will need to supply a copy for our files.***