St James Parish

Religious Education Registration 2018-2019

309 S Stewart Road, Liberty MO 64068

Family Last Name:				Date:	
Father's Name:				Home Phone:	
Mother's Name:				Mom/Dad Cell:	
Mother's Maiden:				Emergency Contact:	
Custodial Parent, if different from above:				Emer Contact Phone:	
Home Address:				City	
Email:				Both Parents Catholic? Y	N
Child		Birthdate	Sex Grade	Session (Sun/Wed)	Class
Sacrament: Check all that apply	Baptism	Catholic?	Eucharist	Penance Confirmation	
		Birthdate		Session (Sun/Wed)	Class
Sacrament: Check all that apply Special Needs: medic	Baptism Cal, learning disal	Catholic?	Eucharist Challenges:	Penance Confirmation	
 Child		— — — — - Birthdate	Sex Grade	Session (Sun/Wed)	
Sacrament: Check all that apply	Baptism	Catholic?	Eucharist	Penance Confirmation	
Special Needs: medical, learning disabilities, physical challenges:					

Our program relies on the participation of all of our families. It just doesn't work without **you**. Please choose at least one team to join. **Family Days Team Soup Suppers Team** Role: helps plan, donates supplies, does prep work Role: helps plan, call for donations, dofor the family events each year. Team members may nate soups/breads, setup. Serve, clean not need to work on all events. up, and sponsor charity drive. **Classroom Team Communication Team** Role: leads a class, or aides a lead catechist, works Role: takes photos or videos, writes as a sub, donates or preps items for classroom use, website posts, updates social media, participates in a class. generally publicizes what 's happening. **Photographic Release** I give St. James Catholic Parish permission to publish in print, electronic, or video format the likeness or image of my child. I release all claims against the parish with respect to copyright ownership and publication including any claim for compensation related to use of the materials. YOUR NAME (Parent or Guardian, Please print) **Fees:** Fees are payable at the time of registration (payment arrangements can be made) \square \$55 for one child, \square \$100 for two, maximum of \square \$125 per family. Yes! Add my family to the "Magnifikid" subscription (52 issues/year) \$15.30 Split with Youth group: # in _____YG, # in _____RE Office Use: ☐ Check #_____ ☐ Cash \$_____ Total Amount \$____