St. James Parish 6th - 8th Grade FAITH SHARING Registration

309 S. Stewart Rd., Liberty, MO 64068

*Required Information

STUDENT INFORMATION

First*:

Last name*:

Date:_ Middle: Nickname:

School Name*:		Grade:	Birth	Birth date: (mm/dd/yy) / /		Sex: □ M □ F	
Address*:		City, State:				Zip*:	
Student Cell Phone:	Prim	Primary Contact Phone*:				Student's Email Address:	
Registered at St. James * If not a registered family at St. Jai Yes No	mes, please	e register with Parish Office	2.				
Health Concerns such as allergies	s or asthma	n?					
		FAMILY INFOR	MATION				
Parent/Guardian Name*	Add	Address (if different):			Primary Contact phone:		
Other Phone (Cell):	Pare	ent's Email*:	Emergency Instructions:				
Names of Other Children Enrolled	d in RE and,	or 6th - 8th Grade Faith Sh	naring:				
Volunteering: Our Programs wou Each family is asked to consider h							
□ Catechist (small group leader)			☐ Donate food or supplies				
□ Substitute for group leader			☐ Help with Lenten Soup Suppers				
☐ Chaperone/car pool driver			☐ Help with Fall or Lenten Parish Events				
☐ Office Help			☐ Fund Raising				
☐ Photographer			☐ Other:				
		SAFETY QUES	TIONS*				
Safety in Electronic Communicat	tion *						
Due to new safety guidelines we social media. The safety of our chelectronic era. With that in mind,	nildren is th	e number one priority! Elec	ctronic com	munication is the	best way to	contact teens in th	
☐ Yes, you may contact my chil	ld via electr	onic communication.					
☐ No, you may not contact my	child via ele	ectronic communication.					

Photo Release *
Please note-names will never be printed or tagged on pictures without another signed approval. This is only for untagged/unnamed photos in publications such as the bulletin or on the Parish Facebook page.
☐ Yes-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.
□ No-I do not 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 materials.
Parent or Guardian Signature
Options: Buddy Choice for Small Groups (buddy choice must also pick you as buddy choice):
FEES*
Make Checks payable to St. James
Registration Fee *
Please indicate your payment amount. Cost is for any children enrolled (Pre-K-8th Grade). Select "other" if you will be making different payment arrangements with Youth Director. We will be happy to work with you in any way we are able. We want everyone to be able to attend.
□ \$55 for 1 Child
□ \$100 for2
□ \$125 per family
Payment *
Payment is due at the time of Registration. Be sure to include names and grade in memo line of check to be properly credited. Mailing to St. James Youth Office; Attn: Youth Director; 309 S. Stewart Rd. Liberty, MO 64068 Dropping at Registration Table after Masses. Already Paid with RE registration Other: