

**Saints John and James Parish & Saint Mary's Church  
2019 / 2020 Faith Formation Registration**

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Family Name \_\_\_\_\_ Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Maiden Name \_\_\_\_\_

Second Address (if applicable) \_\_\_\_\_

*\*\*In Case of Emergency and you are unable to be reached, please indicate the person and phone number to be contacted. \*\**

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

*\*\*Please notify Deb Doyle (821-7661) of any concerns regarding custody or persons to whom your child should not be released.\*\**

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#1. Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade(September) \_\_\_\_\_

Any allergies, medical conditions, behavior concerns, or learning needs that we need to be aware of? \_\_\_\_\_

\_\_\_\_\_

#2. Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade(September) \_\_\_\_\_

Any allergies, medical conditions, behavior concerns, or learning needs that we need to be aware of? \_\_\_\_\_

\_\_\_\_\_

#3. Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade(September) \_\_\_\_\_

Any allergies, medical conditions, behavior concerns, or learning needs that we need to be aware of? \_\_\_\_\_

\_\_\_\_\_

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**NEW REGISTRATIONS – Please attach a copy of BAPTISM AND FIRST COMMUNION (if applicable) Certificates. PLEASE NOTE THAT FIRST COMMUNION & CONFIRMATION ARE TWO YEAR PROGRAMS. STUDENTS ENTERING INTO THE CONFIRMATION PROGRAM MUST HAVE BEEN IN CATHOLIC SCHOOL OR ATTENDED RELIGIOUS EDUCATION ON A REGULAR BASIS.**

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***\*\*\*Unless otherwise indicated by parent/guardian on this form, my child/children have permission to be photographed or videotaped by SS John & James Religious Education program for purposes of parish newsletters, bulletins, and/or parish affiliated media.\*\*\****

Would you be interested in teaching or assisting with a class? YES \_\_\_\_\_ NO \_\_\_\_\_

PARENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

TOTAL FEE ENCLOSED: \_\_\_\_\_ *REGISTRATION IS FREE IF YOU TEACH*

Home Parish: St. Mary's \_\_\_\_\_ Saints John & James \_\_\_\_\_

**Registration Fees:** \$35.00 - one child \$55.00 - two children \$70.00 - three or more children

**All checks should be made payable to SAINTS JOHN & JAMES PARISH.  
Please call the parish office (401-821-7661) if the registration fee is a hardship.  
THANK YOU**

**Saints John and James Parish and Saint Mary's Church  
PRE-SCHOOL & KINDERGARTEN  
2019 / 2020 Faith Formation Registration**

Family Name \_\_\_\_\_ Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Maiden Name \_\_\_\_\_

Second Address (if applicable) \_\_\_\_\_

*\*\*In Case of Emergency and you are unable to be reached, please indicate the person and phone number to be contacted. \*\**

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

*\*\*Please notify Deb Doyle (821-7661) of any concerns regarding custody or persons to whom your child should not be released.\*\**

#1. Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade(September) \_\_\_\_\_

Any allergies, medical conditions, behavior concerns, or learning needs that we need to be aware of? \_\_\_\_\_

#2. Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade(September) \_\_\_\_\_

Any allergies, medical conditions, behavior concerns, or learning needs that we need to be aware of? \_\_\_\_\_

#3. Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade(September) \_\_\_\_\_

Any allergies, medical conditions, behavior concerns, or learning needs that we need to be aware of? \_\_\_\_\_

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**NEW REGISTRATIONS – Please attach a copy of BAPTISM AND FIRST COMMUNION (if applicable) Certificates. PLEASE NOTE THAT FIRST COMMUNION & CONFIRMATION ARE TWO YEAR PROGRAMS. STUDENTS ENTERING INTO THE CONFIRMATION PROGRAM MUST HAVE BEEN IN CATHOLIC SCHOOL OR ATTENDED RELIGIOUS EDUCATION ON A REGULAR BASIS.**  
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Would you be interested in teaching or assisting with a class? YES \_\_\_\_\_ NO \_\_\_\_\_

PARENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

TOTAL FEE ENCLOSED: \_\_\_\_\_ *REGISTRATION IS FREE IF YOU TEACH*

Home Parish: St Mary \_\_\_\_\_ Saints John & James \_\_\_\_\_

**Registration Fees: Unless famiy max had been reached with older children.**  
\$10.00 - one child    \$15.00 - two children    \$15.00 - three or more children

**All checks should be made payable to SAINTS JOHN & JAMES PARISH.  
Please call the parish office (401-821-7661) if the registration fee is a hardship.  
THANK YOU**

