



Saint Philip & Saint James Religious Education

2018-2019 School Year

Registration Form

Please complete and return this form with payment to the CCD office, the Church office, or drop it in the collection basket during Mass.

Family Information

FAMILY LAST NAME: _____

Address: _____

City, State, Zip: _____

Home Phone: _____

E-Mail Address*: _____ @ _____

**Provide an e-mail address that is used by a parent.*

Father's Full Name: _____ Cell Phone (for emergencies): _____

Mother's Full Name: _____ Cell Phone (for emergencies): _____

Mother's Maiden Name: _____

Student Information (LIST ADDITIONAL STUDENTS ON BACK)

Student Name: _____

Birth Date: ___/___/___ Gender: ___ Age: ___ Grade in 9/2018: ___ School: _____

Does your student have any special needs or medical condition we should be aware of? _____

Select Program your child will participate in this year:

- Traditional Weekly Program (Grades 1-7) Every Tuesday from 4:00 - 5:00pm
- Monthly Family-Centered Program (Grades 1-7, parent attendance is required) One Monday a month from 6:00 - 7:45pm
- Confirmation Preparation Program (Grade 8)

Sacramental and Religious Education History:

If this is the first time you are enrolling your child, you must include a copy of their Baptismal Certificate. Also, if you are new to our parish, please include a letter from your previous parish confirming your child's Sacraments and the last religious education grade completed.

Baptism When: _____ Where: _____

First Holy Communion When: _____ Where: _____

Last Religious Ed Grade Completed: _____ Where: _____

Religious Education Fee

The annual religious education fee is \$50.00 per student, with a maximum cost of \$100.00 per family. PLEASE ENCLOSE PAYMENT WITH THIS REGISTRATION FORM. **Note: No student is ever turned away for lack of funds – contact Fr. John at (908) 454-0112 if you would like to discuss payment of this fee.** This fee is waived for parents who volunteer as CCD teachers for the program.

FOR OFFICE USE ONLY:

DATE _____ AMT PAID _____ CHECK #/CASH _____ TEACHER _____ OTHER _____

Additional Students

Student Name: _____

Birth Date: ____ / ____ / ____ Gender: ____ Age: ____ Grade in
9/2018: ____ School : _____

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medical condition we should be aware of? _____

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