

St. James Catholic Church

Religious Education Class

Registration Form

Please complete and return with registration fees
USE ONE FORM FOR EACH CHILD.
(Please Print Clearly)

Student Information:				
Last Name:	First Name:	Birth Date:	M/F	Grade
Guardian/ Father's Name:		Phone:		
Address:				
City/State/Zip:				
Guardian/ Mother's Name:		Phone:		
Address:				
City/State/Zip:				
For Office Use Only (Date Rec'd)		Registration Fees:		Total Owed: _____
Registration: _____		One Child - \$25 parishioner/ \$50 non-parishioner		Amt Paid: _____
		More than one child - \$50 parishioner/ \$100 non-parishioner		Balance Due: _____
		Children of Catechists – fees are waived Children of Assistant Catechists -fees 1/2		Payment due before class begins

Questions? Call
503-829-2880
Please leave a message