

**ST. JAMES RELIGIOUS EDUCATION
RE-REGISTRATION FORM 2010-2011**

Please return this form by May 2, 2010. Tuition is due by August 1, 2010.

Family Last Name _____

Address _____ Zip code _____

Email address _____ Do you check it often? _____

Home phone # _____ Cell phone # _____

Emergency Contact _____ Phone # _____

What is the best form of communicating for you? ___email or ___ paper notices

Please list any specific food allergies, physical\medical problems, or learning difficulties that we should be aware of in the last column. Use the back of the form if you need more space. If you one of your children is registering for the first time, you will need to complete a new student registration packet.

	Child's first name	Cost	School 2009-10	Grade	CCD Level	Important information about your child\children
1		\$65				
2		\$100				
3		\$135				
4		\$135				

My child\children have permission to leave from St. James with the following people:

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

I am willing to volunteer in the program in lieu of paying the registration fee as:

___ Catechist (full time) ___ Catechist (part time) ___ Substitute Catechist

___ Classroom aide ___ Substitute aide ___ Christmas program

OFFICE USE ONLY

Registration returned: _____

Registration paid:

Date: _____ Amount: _____ Check # _____ Cash _____