

**2018-2019 REGISTRATION FORM  
 REGION 2 FAITH FORMATION / GRADES K - 5  
 and YOUTH MINISTRY / GRADES 6 - 12**

Our family is registered at (check one)  Christ the King, Leechburg  St. James, Apollo  
 St. Gertrude, Vandergrift  OL Queen of Peace, East Vandergrift  
 Other (Name): \_\_\_\_\_

**FAMILY INFORMATION** (please print)

Family's LAST Name \_\_\_\_\_ Family Email Address \_\_\_\_\_

Mailing Address \_\_\_\_\_ Home or Primary Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Father's First Name \_\_\_\_\_ (Last Name) \_\_\_\_\_ Father's Cell Number \_\_\_\_\_

Mother's First Name \_\_\_\_\_ (Maiden Name) \_\_\_\_\_ Mother's Cell Number \_\_\_\_\_

Father's Religion: \_\_\_\_\_ Mother's Religion: \_\_\_\_\_

*Shared Custodial Parent (or person child/children live with if different from above)*

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

In the event of an emergency, who should be contacted?

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



**Student Information**

Name <small>(Include last name if different from family name)</small>	Date of Birth	Grade	Check (✓) Sacraments Received			
			BAPTISM	PENANCE	EUCARIST	CONFIRMATION
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

**Special Considerations:** (Please include helpful information about learning difficulties, allergies and immediate treatment, physical or health needs, separation/divorce or other family circumstances of which you feel we should be made aware. These considerations are only shared with faith formation staff and teachers.)

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How can we empower your child/children in our programs?

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**SUGGESTED MATERIALS FEES / 2018-2019**

- One (1) child: \$20.00
- Two (2) or More Children: \$40.00

Make checks payable to St. James Church and note "Formation Registration" on the memo line of the check.

You may either mail the check directly to St. James Church at 109 Owens View Avenue, Apollo, PA, 15613 - OR - place your check in an envelope marked "Formation Registration" and simply drop it in the collection at Mass.



**For Office Use Only:**

Payment Amount: \$ \_\_\_\_\_ Check # \_\_\_\_\_ Cash: \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_