

NEW REGISTRATION FORM 2024-2025

Saints Philip and James RC Church

Office of Religious Education One Carow Place, Saint James New York 11780 (631) 584-3204

Today's DATE:				Registered		□ Yes	
Family LAST Name:				in Parish (please check box		□ No	
Email address:				Home Pho	one:		
Home Address:							
City:				Zip Co	ode:		
New Registration Section							
Child's First Name:				Date of Bi	rth:		
Child's School:				Grade Level: (as of 9/2024)			
Special Need(s), Special Circumstance, or Allergy we need to be aware of →:							
BAPTISM INFORMATION:							
Please submit a COPY of your child's Baptismal certificate along with this form.							
Family Information							
Birth Father's FULL Name:			Religion:				
Address	Street		City, State		Zip		
(*if different from above)							
Home/Work Phone:			Mobile Phone:				
Marital Status:	Step-Mother:						
Birth Mother's First Name:			Religion:				
Mother's Maiden Name:			1				
Address	Street		City, State Zip				
(*if different from above)							
Home/Work Phone:		M		Mobile Pho	one:		
Marital Status:	SI		Step-F	Step-Father:			
RE-REGISTRATION SECTION							
List ONLY those children in this family who are to be RE-REGISTERED for the 2024-2025 RE Program.							
First Name		Date	Date of Birth		Grade in Sept 2024		

The Family Parish Contribution of \$325 is due at the time of Registration. There are no additional fees for First Communion or Confirmation.

Office Use Only		
CASH	CHECK#:	
Date Paid:		