

ST. JAMES CATHOLIC CHURCH
FIRST RECONCILIATION AND EUCHARIST REGISTRATION
SECOND YEAR of preparation for Children 2nd-.5th grade

Today's Date _____

NAME _____
First Middle Last Name

DATE OF BIRTH _____

PLACE OF BIRTH _____
CITY AND STATE

SCHOOL _____ AGE _____ GRADE _____

CHURCH AND DATE OF BAPTISM _____
CHURCH, CITY, STATE, MONTH, DAY, YEAR.

FATHER'S NAME _____

MOTHER'S NAME _____ Maiden Name _____

ADDRESS _____

HOME PHONE _____ WORK PHONE _____

ARE YOU REGISTERED MEMBERS OF ST. JAMES CHURCH? YES ___ NO ___

WAS YOUR CHILD BAPTIZED IN THE CATHOLIC CHURCH? YES ___ NO ___

**WE NEED A COPY OF HIS OR HER BAPTISMAL CERTIFICATE
AT THE TIME YOU REGISTER YOUR CHILD. (Only if it was not
turned in the First Year)**

IF YOUR CHILD HAS NOT BEEN BAPTIZED OR WAS BAPTIZED IN ANOTHER
CHRISTIAN DENOMINATION PLEASE TALK TO FATHER MIKE WALKER 503 472-5232
ext. 224.

Registration Fee per year, one child \$50.00 or \$120.00 per family of three or more children.
Amount Paid \$ _____ Check # _____

If your child is sick please keep them home. If your child comes to class sick we will call
you to come pick them up. In the case that a student has unjustified attendance classes,
they will be required to repeat Sacramental preparation next year.