

St. James at Sag Bridge Church
10600 South Archer Avenue
Lemont, Illinois 60439-9344
Fax: 630-257-7912

Religious Education Registration Form 2018-2019:
PUBLIC SCHOOL

First Holy Communion: May 4, 2019, fee: \$100
Confirmation, March 30, 2019, fee: \$100.00
Late Fee -- \$25.00

First Child--Tuition and Books--\$50.00

Additional child/children--\$25.00 per child Subtotal for students: _____

First Penance/First Holy Communion Fee--\$100 Check if appropriate: ___

Confirmation Fee--\$100 Check if appropriate: ___

Late Fee--\$25.00 Check if appropriate: ___

No child will be denied a seat if parent(s) are unable to pay the fee. However, all families are expected to offer St James a Christmas and Easter contribution, to the best of their abilities

TOTAL AMOUNT PAID _____

PAYMENT RECEIVED (for use by St. James) _____

Parents' First and Last Names: _____

Street Address: _____

City, State, Zip Code: _____

Mobile Phone Number: _____

(MUST BE PROVIDED) Parent E-Mail address:¹ _____

FIRST CHILD:

Student's First and Middle Name _____

If receiving a sacrament, please indicate which one _____

Birth Date _____

School and Grade _____

Baptism: Date and Place _____

Please provide a copy of the baptismal certificate **if receiving a sacrament this year**
(not necessary for children baptized at St. James)

First Communion: Date and Place _____

¹ Email will be used as the primary method of communication between the Program Director and Program families.

SECOND CHILD:

Student's First and Middle Name _____

If receiving a sacrament, please indicate which one _____

Birth Date _____

School and Grade _____

Baptism: Date and Place _____

Please provide a copy of the baptismal certificate **if receiving a sacrament this year**
(not necessary for children baptized at St. James)

First Communion: Date and Place _____

THIRD CHILD:

Student's First and Middle Name _____

If receiving a sacrament, please indicate which one _____

Birth Date _____

School and Grade _____

Baptism: Date and Place _____

Please provide a copy of the baptismal certificate **if receiving a sacrament this year**
(not necessary for children baptized at St. James)

First Communion: Date and Place _____

FOURTH CHILD:

Student's First and Middle Name _____

If receiving a sacrament, please indicate which one _____

Birth Date _____

School and Grade _____

Baptism: Date and Place _____

Please provide a copy of the baptismal certificate **if receiving a sacrament this year**
(not necessary for children baptized at St. James)

First Communion: Date and Place _____

Please mail the requisite forms and fees to St. James at Sag Bridge or submit them to the Rectory Office.

More information about the program may be obtained on the St. James web site:

<http://historicstjames.org>. click on <Fr Koys' Events page>