St James Parish Religious Education 124 N. PCH Redondo Beach, CA 90277 (310) 379-3221

Enrollment Form for SUNDAY SCHOOL

Please fill out all information:			
Family Last Name	Hm&Cell	No	
Address	City		Zip
Father's Name	Religion		
Mother's Name	Religion_		
Mother's Maiden Name	E-mail		
Registered St. James Parishioners? (Please circle)	Yes	No	
Non-refundable Program Fee: 1-2 students - \$100.00 ea	3 or more -	\$220.00	
Non-registered Parishioners - \$250.00 each student - no	multiple dis	count	
Children's Name(s) Birth date	A	Any Allergie	es/Special Needs
(child must be potty trained & 3 by			
Class Preference: (please circle) 8am Mass 10am	Mass		
Please circle the following:			
Has your child attended St. James Sunday School before	e? Yes	ľ	No
Which room? Orange Yellow Blue Rm 5			
Will your child attend kindergarten this fall? Yes	No		
Archdiocesan Sunday school programs are parent partice to sign up as a helper/snack provider at least twice provided in each classroom. If you can help further, interested in and you will be contacted. Siblings 15-1 indicate "sibling" and age next to the name. Teens Priority is given to children of parents who volunteer to Virtus Training and be fingerprinted through the Archd	during the please write 8 years old can receive teach. All to	year. A sign your name may also s service ho	n-up calendar will be by the area you are erve as aides. Please ours credit if needed.
Teacher/Substitute teacher			
Teacher's aide			
I have had the Virtus Training: (please circle) Yes (prov I have been fingerprinted through the Archdiocese: Yes		,	Not Yet Not Yet
For Office Use C Date received Registered Paid \$	•	Mass_	Rm.