

**2017 – 2018 School Year Program**  
**St. James Parish & St. John the Baptist Parish**  
**Offices of Religious Education**

6 Cottage Street

110 Lincoln Avenue

Haverhill, MA 01830

St. James Phone: 978-372-8537 Fax: 978-373-1505

St. John the Baptist 978-521-4557 Fax: 978-373-1505

Website: [stjamesandjohnhaverhill.org](http://stjamesandjohnhaverhill.org)

Email: [religious\\_ed\\_stjames@hotmail.com](mailto:religious_ed_stjames@hotmail.com)

Email: [stjohnthebaptistreligioused@gmail.com](mailto:stjohnthebaptistreligioused@gmail.com)

**Family Information**

Date \_\_\_/\_\_\_/\_\_\_

Please do not write in shaded areas.

Parent(s)/Guardian Family Name \_\_\_\_\_

Father \_\_\_\_\_ Religion \_\_\_\_\_

Mother \_\_\_\_\_ Maiden Name \_\_\_\_\_ Religion \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Emergency Contact Person & Phone \_\_\_\_\_

Father's Cell Phone \_\_\_\_\_ Mother's Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Should Religious Education mailings be sent to an additional address? If yes, please indicate name & address below.

**STUDENT INFORMATION ON REVERSE SIDE**

**OFFICE USE ONLY**

Family ID # \_\_\_\_\_

Date Entered \_\_\_/\_\_\_/\_\_\_

**NOTES**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Tuition Rate: 1 child - \$60 2 children - \$90 3 siblings - \$120 4 or more siblings \$150**

**Grade 10 – Confirmation Robe Rental Fee & Retreat Fee \$75 per student**

Fee: \_\_\_\_\_ Paid \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_

**STUDENT INFORMATION – FIRST CHILD**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Date of Birth (mm/dd/yy) \_\_\_\_\_ City & State of Birth \_\_\_\_\_

Date of Baptism (mm/dd/yy) \_\_\_\_\_ Church of Baptism \_\_\_\_\_

Church Address \_\_\_\_\_ Church City/State/Zip \_\_\_\_\_

Has your child received the Sacrament of Penance? \_\_\_\_\_ Holy Communion? \_\_\_\_\_

What school does your child attend? \_\_\_\_\_ Grade \_\_\_\_\_

Religious Education Grade \_\_\_\_\_ Class \_\_\_\_\_

Special needs: Medical, Allergies, Learning Disabilities, Physical Disabilities? If yes, please explain.

**STUDENT INFORMATION – SECOND CHILD**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Date of Birth (mm/dd/yy) \_\_\_\_\_ City & State of Birth \_\_\_\_\_

Date of Baptism (mm/dd/yy) \_\_\_\_\_ Church of Baptism \_\_\_\_\_

Church Address \_\_\_\_\_ Church City/State/Zip \_\_\_\_\_

Has your child received the Sacrament of Penance? \_\_\_\_\_ Holy Communion? \_\_\_\_\_

What school does your child attend? \_\_\_\_\_ Grade \_\_\_\_\_

Religious Education Grade \_\_\_\_\_ Class \_\_\_\_\_

Special needs: Medical, Allergies, Learning Disabilities, Physical Disabilities? If yes, please explain.

**STUDENT INFORMATION – THIRD CHILD**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Date of Birth (mm/dd/yy) \_\_\_\_\_ City & State of Birth \_\_\_\_\_

Date of Baptism (mm/dd/yy) \_\_\_\_\_ Church of Baptism \_\_\_\_\_

Church Address \_\_\_\_\_ Church City/State/Zip \_\_\_\_\_

Has your child received the Sacrament of Penance? \_\_\_\_\_ Holy Communion? \_\_\_\_\_

What school does your child attend? \_\_\_\_\_ Grade \_\_\_\_\_

Religious Education Grade \_\_\_\_\_ Class \_\_\_\_\_

Special needs: Medical, Allergies, Learning Disabilities, Physical Disabilities? If yes, please explain.