



# RE-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 in Parish: (Please check one:)	<input type="checkbox"/> Yes
Family LAST Name:			<input type="checkbox"/> No
Home Address:		Home Phone:	
City:		Zip Code:	
Email address:			
<b>Family Information</b>			
Birth Father's First Name:		Religion:	
Address: <i>(*if different from above)</i>	Street	City, State	Zip
Home/Work Phone:		Mobile Phone:	
Marital Status:		Step-Mother's Name:	
<b>Family Information</b>			
Birth Mother's First Name:		Religion:	
Address: <i>(*if different from above)</i>	Street	City, State	Zip
Home/Work Phone:		Mobile Phone:	
Marital Status:		Step-Father's Name:	
Custodial parent or Legal Guardian FULL Name:		Custodial parent or Legal Guardian phone:	

RE-REGISTRATION SECTION		
List <b>ONLY</b> those children in this family who are to be <b>RE-REGISTERED</b> for the <b>2024-2025</b> RE Program.		
Child's First Name	Grade in <b>Sept. 2024</b>	Special Needs

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

CASH \_\_\_\_\_ CHECK# \_\_\_\_\_  
Date Paid: \_\_\_\_\_