## **RE-REGISTRATION FORM 2020-2021**

## Saints Philip and James RC Church

Office of Religious Education One Carow Place, Saint James, New York 11780 (631) 584-3204

DATE:				Registered	□Yes
Family LAST Name:				in Parish:	□ No
Email address:				Home Phone:	
Home Address:					,
City:				Zip Code:	
Family Information					
Birth <b>Father's</b> First Name:			Reli	gion:	
Address (*if different from above)	Street		City,	State	Zip
Home/Work Phone:			Mol	oile Phone:	
Marital Status:			Step	o-Mother:	,
Birth <b>Mother's</b> First Name:			Reli	gion:	
Address (*if different from above)	Street		City,	State	Zip
Home/Work Phone:			Mol	oile Phone:	
Marital Status:			Step	o-Father:	
If Family is separated – who is Custodial Parent?					
List <b>ONLY</b> those children <u>i</u>		REGISTRATION SEC		or the 2020-202	21 RE Program.
First Name		Grade in Sept. 20	20	Special Needs	
The Family Parish Contribu	ution of \$325 i	s due at the time of	Registrati	on. There are ı	no additional

fees for First Communion or Confirmation.

CASH	CHECK#	
	Date Paid:	