

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

**Religious Education Registration Form 2010-2011:**  
**PUBLIC SCHOOL and HOME SCHOOLERS**

**Registration Deadline: September 1, 2010**

**First Child--Tuition and Books--\$100.00**  
**Additional child/children--\$85.00 per child Subtotal for students: \_\_\_\_\_**

**First Penance/First Holy Communion Fee--\$100.00 Check if appropriate: \_\_\_**  
**Confirmation Fee--\$125.00 Check if appropriate: \_\_\_**

**Late Fee--\$50.00 Check if appropriate: \_\_\_**

**TOTAL AMOUNT PAID** \_\_\_\_\_

**PAYMENT RECEIVED (for use by St. James)** \_\_\_\_\_

**Parents' First and Last Names:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City, State, Zip Code:** \_\_\_\_\_

**Area Code, Phone Number:** \_\_\_\_\_

**(MUST BE PROVIDED) Parent E-Mail address:<sup>1</sup>** \_\_\_\_\_

**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 \_\_\_\_\_

**(turn over please)**

<sup>1</sup> 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.

For questions about the forms or the program, please contact Religious Education Director, Brian Tishuk, at 630-596-3257 or [brian.tishuk@chicagofirst.org](mailto:brian.tishuk@chicagofirst.org).

More information about the program may be obtained on the St. James web site:  
<http://historicstjames.org>.