

St. James the Greater Sunday Preschool Program 2025-2026

Please return completed forms to the parish office by **August 29, 2025.**

Child Name: _____ Birth Date: _____ Current Age: _____

Family Information

Parent/Guardian(s) Names: _____

Address: _____ City: _____ Zip code: _____

Main Email: _____ Email #2: _____

Main Cell: _____ Cell #2: _____

Are you a registered member of St. James Parish? **Yes / No**

If no, what parish are you registered at? _____

Does your child have any special needs*? Yes / No

[*i.e., food allergies, visual, speech, hearing, learning, other physical and/or mental challenge(s)] Please provide specific information on this sheet to enable the teacher to better serve the needs of your child. All information given will be treated as confidential and shared only on a need-to-know basis.

Would you be willing to volunteer within the Sunday Preschool Program? Yes / No

If yes, please give time commitment preference and if you would like to lead teach or just be a helper.

Even just committing to one Sunday a month would keep our program running smoothly and allow us to continue this ministry!

Pick Up Information

In the event that I/we, the parent(s) of the student listed above, is(are) for some reason unable to signout the aforementioned student at the end of Sunday Preschool session, the following individual(s) have permission to sign for, and transport, that student.

Name: _____ Relationship: _____ Contact Number: _____

Please make sure to include both pages of the Medical Release Form

Fee: \$40 per student, late fee of \$10 begins September 2, 2025

Office use only:

Gab: _____ Date: _____ Registration Fee: _____ Check #: _____ Cash: _____