



ST. JAMES ROMAN CATHOLIC CHURCH

STUDENT APPLICATION 2021-2022

LEVEL 1

PLEASE PRINT OR WRITE LEGIBLY AND FILL OUT IN ITS ENTIRETY LEAVE NO BLANK SPACES

Tuition is due at the time of registration. DO NOT delay registration due to a financial hardship. Please call our office so we can work out a suitable payment plan

	Early Registration (by June 1 st)	Standard Registration (June 1-August 1)	Late Registration (After August 1 st)
1 Child	\$200	\$225	\$275
2 Children	\$225	\$250	\$300
3+ Children	\$250	\$275	\$325

Additional Fees:

First Reconciliation/Communion: Level 2 only - \$50 to be paid at the time of registration

Confirmation: Level 8 only - \$100 to be paid in installments: \$50 at the time of registration
\$50 by January 1st

Change Fee (after September 15th until October 31st): \$25 per change

CLASSES WILL BE FILLED ON A FIRST RECEIVED BASIS.

Date _____

Family #: _____

CHILD'S NAME _____ DATE OF BIRTH _____

State surname if different

___ Male ___ Female

YOU MUST SUBMIT A COPY OF YOUR CHILD'S BAPTISMAL CERTIFICATE WITH THIS APPLICATION

CHILD'S GRADE IN SEPTEMBER: _____ SCHOOL ATTENDING _____

Indicate your 1st and 2nd choice of class day:

___ Tuesday (4:15-5:30pm) ___ Wednesday (7:00-8:15pm) ___ Thursday (4:15-5:30pm)

FAMILY MAILING NAME: _____

Please check how correspondence should be addressed:

___ Mr. & Mrs. ___ Mr. ___ Mrs. ___ Ms. ___ Miss

FATHER'S FIRST NAME: _____ CELL #: _____

FATHER LIVES WITH CHILD? ___ YES ___ NO

MOTHER'S FIRST NAME: _____ CELL #: _____

MOTHER'S MAIDEN NAME: _____ **MOTHER LIVES WITH CHILD** ___ YES ___ NO

ADDRESS: _____ TOWN _____ ZIP _____

PLEASE TURN OVER



HOME PHONE #: _____ EMAIL ADDRESS: _____

FATHER'S BUSINESS # _____ MOTHER'S BUISNESS # _____

SHOULD AN EMERGENCY ARISE AS WE ARE UNABLE TO REACH YOU, PLEASE LIST AN EMERGENCY CONTACT:

NAME:	PHONE #	RELATIONSHIP TO CHILD

Please answer the following questions to give us an understanding of your child's need, i.e. allergies, health or physical issues, learning limitations and/or challenges. Please remember to let your child's catechist know about these on the first day of class. DO NOT LEAVE BLANKS, IF "NONE" WRITE "NONE"

1. STATE THE SPECIFIC LEARNNG LIMITATIONS AND/OR CHALLENGES (DOES CHILD HAVE AND IEP/504 PLAN? If your child has an IEP/504 plan, please supply us with a copy so we can try to meet the needs of your child to the best of our ability.

2. Is there any other additional information you feel may be helpful to his/her catechist?(allergies, custody issues, etc.

3. To whom are we able to share information regarding child/children's Faith Formation: i.e. Sacrament dates, etc.

___Mother ___Father ___Other: (please specify): _____

Parent/Guardian Signature

Date



St. James R.C. Church - Office of Faith Formation
80 Hicksville Rd. Seaford NY 11783
516-796-2979
stjamesfaithformationseaford@gmail.com
lcreed@stjamesfaith.org; gdrost@stjamesfaith.org

THE PARISH COMMUNITY OF ST. JAMES WELCOMES YOU!

Please complete all questions for students entering Level 1.

1. I am the parent/guardian of _____

2. I pray with my child:

___ at night ___ First thing in the morning ___ before/after meals

___ other: _____

My child's favorite prayer is: _____

3. My child learned how to make the Sign of the Cross at ___ years of age

4. My child's favorite time at mass is: ___ finding a pew ___ blessing themselves with Holy Water ___ singing
___ lighting a candle ___ greet other children/adults

5. My child's favorite Bible Story is: _____

6. My child likes to: ___ draw ___ write ___ sing ___ color ___ paint ___ act

7. My child loves to learn about: _____

8. We attend Mass regularly ___ YES ___ NO, we most often go to the:

___ Saturday, 4pm ___ Sunday: ___ 8am ___ 10am ___ 12pm

9. This year in Faith Formation, I pray that my child and I will: _____

10. I am willing to act as a Partner in the Faith Formation of my child by:

____ acting as a Hall monitor ____ Office help ____ teacher (in a class other than my child's)
____ other: _____

11. I would be interested in learning more about my Faith ____ YES ____ NO

____ meeting during the time my child is in class

____ attending adult enrichment courses

____ other: _____

12. I am making the commitment to bring my child to Faith Formation for the next 8 years

____ Yes ____ No Why? _____

13. How can the Office of Faith Formation help you to form your child in the Faith of the church?
