



ST. JAMES ROMAN CATHOLIC CHURCH
STUDENT APPLICATION ALL LEVELS 2021-2022

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

Table with 3 columns: Registration Type (Early, Standard, Late), Number of Children (1, 2, 3+), and Fee amounts.

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.

Students who need to register:

Registration form table with columns: First Name, Last Name - if different from family name, Date of Birth, Male/Female, Grade in September, School Attending.

YOU MUST SUBMIT A COPY OF YOUR CHILD'S BAPTISMAL CERTIFICATE WITH THIS APPLICATION IF NOT ALREADY ON FILE

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

HOME PHONE #: EMAIL ADDRESS:

FATHER'S BUSINESS # MOTHER'S BUSINESS #

PLEASE TURN OVER



COMPLETE WHERE APPLICABLE: If child is being registered for a Grade **other than First**, has he/she had previous religious formation? ___Yes ___No IF YES, THEN YOU MUST PROVIDE US WITH A LETTER OF TRANSFER OR REPORT CARD (if attended Catholic School) IN ORDER FOR THE APPLICATION TO BE PROCESSED.

Child's Name	Sacrament	Date	Church/Location
	___ First Penance		
	___ First Eucharist		
	___ First Penance		
	___ First Eucharist		
	___ First Penance		
	___ First Eucharist		

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 needs, 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 LEARNING 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