



ST. JAMES ROMAN CATHOLIC CHURCH
STUDENT APPLICATION ALL LEVELS 2022-2023

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 (\$200, \$225, \$250, \$275, \$300, \$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 at the time of registration

Payment plan available with credit card on file

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, Middle Name, Last 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: (Wed. 415-5:30 is dependent on having the catechist to teach)

Tues. (4:15-5:30pm) Wed. (4:15 - 5:30pm) Wed. (7:00-8:15pm) Thur. (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.

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

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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) \_\_\_\_\_

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Parent/Guardian Signature

Date