



ST. JAMES ROMAN CATHOLIC CHURCH
STUDENT APPLICATION 2023-2024
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

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

Additional Offerings:

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

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 _____

Last Name if different from Family Name First Name Middle

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 (dependent on having a 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

FAMILY ADDRESS: _____ TOWN _____ ZIP _____



HOME PHONE #: _____ EMAIL ADDRESS: _____

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

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

NAME: OTHER THAN THE PARENT(S)	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 AN IEP/504 PLAN? If your child has an IEP/504 plan), please supply us with a copy so we can 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. With whom are we permitted to share information regarding child/children's Faith Formation: i.e. Sacrament dates, etc.

___ Mother ___ Father ___ Other: (please specify): _____

Parent/Guardian Signature

Date