



ST. JAMES ROMAN CATHOLIC CHURCH

STUDENT APPLICATION 2024-2025

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 4 columns: Registration Type, Early Registration (by 5pm on June 1st), Standard Registration (June 1- by 5pm on August 1st), Late Registration (After 5pm on August 1st). Rows include 1 Child, 2 Children, and 3+ Children with corresponding fees.

Change Fee (after September 15th): \$25 per change payable at the time of the request. 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. Registration Forms will not be processed without the Baptism Certificate

CHILD'S GRADE IN SEPTEMBER: _____ SCHOOL ATTENDING _____

Indicate your 1st and 2nd choice of class day (Wed. 4:15-5:30 is dependent on having 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 _____

PLEASE TURN OVER



HOME PHONE #: _____ EMAIL ADDRESS: _____

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

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 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