



ST. JAMES ROMAN CATHOLIC CHURCH
STUDENT APPLICATION ALL LEVELS 2024-2025

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 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

Payment plan available with credit card on file

FULL PAYMENT FOR THE CURRENT YEAR MUST BE PAID BY MARCH 1, 2025

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: (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:



**COMPLETE WHERE APPLICABLE:** If child is being registered for a Grade **other than First**, have they 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.

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

NAME: <b>OTHER THAN THE PARENT(S)</b>	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 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.

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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. With whom are we permitted 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 \_\_\_\_\_