

OFFICE USE ONLY:

Amount Due: _____

Check # _____

Class _____

Amount Paid: _____

Balance _____

Room # _____

**ST JAMES THE APOSTLE CATHOLIC CHURCH
FAITH FORMATION REGISTRATION 2014-2015 GRADES PK-HS**

Today's Date _____

Parish Registration # _____

Child's Name _____

Date of Birth ____ / ____ / ____

Current Grade in School _____

School _____

Has your child received these sacraments?

Baptism Yes___ No___

Confirmation Yes___ No___

Reconciliation Yes___ No___

Eucharist Yes___ No___

(Confession)

(Communion)

Circle the grades your child has attended Faith Formation **here at St James:**

PK KN 1 2 3 4 5 6 7 8

Other Catholic religious education:

Church/School _____ Grades _____

In order to serve your child to the best of our ability, it is necessary for the catechist to know your child's abilities. Please indicate below any learning disabilities, medical problems, or other conditions which may require special attention during class sessions.

FAMILY INFORMATION

Family Name _____ Home Phone# _____

Father's Name: _____ Religion _____

Work# _____ Cell Phone # _____

Mother's Name: _____ Religion _____

Work# _____ Cell Phone # _____

Street Address _____ City _____ ZIP _____

Child lives with ___ Both Parents ___ Father ___ Mother ___ Other

PLEASE COMPLETE BACK SIDE OF THIS FORM →→→

Who is responsible for this child's Mass attendance and practice of his/her religion?

Are you: Married? ___ Divorced? ___ Single? ___ Widow? ___

Family Email Address _____

I prefer to receive email instead of U.S. Mail: Yes ___ No ___

Any special family circumstances that may affect attendance at Mass or Faith Formation?

IN CASE OF EMERGENCY, and in the event the parents or legal guardian cannot be reached, please contact:

Name: _____ Relationship to the child _____

Phone # _____

Please choose one:

***Sunday Family Faith**

**Meets bi-weekly and at least 1 parent must stay and participate with child
11:30AM-1:30PM _____**

*** Wednesday Family Faith**

**Meets bi-weekly and at least 1 parent must stay and participate with child
6:00-8:00PM _____**

Faith Formation Fees: PreK through HS

\$55.00 for one child

\$80.00 for two children

\$105.00 for three or more children

Additional fees for Sacrament Preparation:

\$30.00 Reconciliation

\$30.00 Eucharist

\$130.00 Confirmation (Includes Retreat)

I would like to donate an extra gift of \$ _____ to help out families in need.

Please check one or more areas in which you can assist your child's class:

___ Catechist ___ Catechist Assistant ___ Substitute Catechist

___ Office Volunteer ___ Prayer Partner

Signature: _____

Date: _____