

| Family Information | | | REG. # _____ |
|--|----------------------|--|--------------|
| Family Last Name | Father's First Name | Father's Religion <input type="checkbox"/> Catholic <input type="checkbox"/> Other: | |
| Home Address | Father's Cell Phone | Work Phone | |
| City, ZIP | Mother's First Name | Mother's Religion <input type="checkbox"/> Catholic <input type="checkbox"/> Other: | |
| Home Phone | Mother's Maiden Name | Emergency Contact Name (Non-parent) | |
| Email – PLEASE PRINT CLEARLY | Mother's Cell Phone | Phone | |
| St. James Parishioner? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, list parish: | Mother's Work Phone | Relationship | |
| <p>Child(ren) lives with (circle): Both parents - Mother - Father - Stepparent - Other: _____</p> <p>Marital Status (circle): Married - Remarried - Separated - Divorced - Single (never married) - Widowed</p> <p>Were you married in the Catholic Church? YES / NO If not, was your marriage blessed by a Catholic priest? YES / NO</p> | | | |

| Children You Are Registering | | | | | |
|--|-----|-----------|---------------|--------------------------------------|--|
| FIRST & LAST NAME | M/F | BIRTHDATE | GRADE IN FALL | CLASS PREFERENCE- check one | |
| 1) | | | | <input type="checkbox"/> Traditional | <input type="checkbox"/> Family <input type="checkbox"/> CGS |
| Circle any that apply & explain: Allergies – Medications – Conditions – NONE | | | | | |
| 2) | | | | <input type="checkbox"/> Traditional | <input type="checkbox"/> Family <input type="checkbox"/> CGS |
| Circle any that apply & explain: Allergies – Medications – Conditions – NONE | | | | | |
| 3) | | | | <input type="checkbox"/> Traditional | <input type="checkbox"/> Family <input type="checkbox"/> CGS |
| Circle any that apply & explain: Allergies – Medications – Conditions – NONE | | | | | |
| 4) | | | | <input type="checkbox"/> Traditional | <input type="checkbox"/> Family <input type="checkbox"/> CGS |
| Circle any that apply & explain: Allergies – Medications – Conditions – NONE | | | | | |

NEW STUDENTS — PLEASE FILL OUT BACK SIDE OF THIS FORM → → → → → → →

| PLEASE READ & SIGN | |
|--|------|
| <ul style="list-style-type: none"> I agree to hold the Diocese of Gary, St. James Parish, staff & volunteers free from liability for any illness or injury that might be incurred by my child/ren during class time or other Faith Formation events. Should any injury occur and a St. James staff member is unable to reach me, I hereby consent to whatever treatment or hospital care are considered necessary in the best judgment of the attending physician. I am aware that any decisions will be made with my child/ren's best interest in mind. By registering my child/ren I understand that I am still the primary religious educator for my child/ren. I agree to make sure that my child/ren <u>attend(s) class regularly and on time</u>. I will practice my Catholic faith and be a good example for my child/ren to follow. I understand that students are to abide by all rules governing conduct & safety while attending Faith Formation classes and events. Any violation of these rules may result in the student being sent home. | |
| Parent/Guardian Signature | Date |

New Student Information

2022-23

| | | | | | |
|----------------------------------|--------|---------------------|----------------|-----------------------|--------------|
| NEW STUDENT - First name: | | Middle name: | | City of Birth: | |
| | Church | | Sacrament Date | | City & State |
| Baptism * | | | | | |
| Reconciliation | | | | | |
| Communion | | | | | |
| Confirmation | | | | | |

| | | | | | |
|----------------------------------|--------|---------------------|----------------|-----------------------|--------------|
| NEW STUDENT - First name: | | Middle name: | | City of Birth: | |
| | Church | | Sacrament Date | | City & State |
| Baptism * | | | | | |
| Reconciliation | | | | | |
| Communion | | | | | |
| Confirmation | | | | | |

| | | | | | |
|----------------------------------|--------|---------------------|----------------|-----------------------|--------------|
| NEW STUDENT - First name: | | Middle name: | | City of Birth: | |
| | Church | | Sacrament Date | | City & State |
| Baptism * | | | | | |
| Reconciliation | | | | | |
| Communion | | | | | |
| Confirmation | | | | | |

*** WE WILL NEED A COPY OF STUDENT'S BAPTISMAL CERTIFICATE, UNLESS BAPTIZED AT ST. JAMES.**

Payment Information

*The Faith Formation fee offsets the cost of textbooks, supplies/materials, catechist training, etc. necessary for the parish to offer a quality faith formation program.
Payment plans are offered if needed.
Please make checks payable to: St. James.*

FOR OFFICE USE ONLY:

By 6/30/22: \$100.00 for 1 Student
\$150.00 for 2 Students
\$180.00 for 3 or more

As of 7/1/22: \$110.00 for 1 Student
\$170.00 for 2 Students
\$210.00 for 3 or more

Amount Due: _____

Amount Paid: _____

Date: _____

Cash/check # _____

Balance: _____

| Payment Plan--\$100.00 | | Payment Plan--\$150.00 | | Payment Plan--\$180.00 | |
|------------------------|------------|------------------------|------------|------------------------|------------|
| APR 25: | \$30 _____ | APR 25: | \$30 _____ | APR 25: | \$30 _____ |
| | BAL: _____ | | BAL: _____ | | BAL: _____ |
| SEPT 15: | \$10 _____ | SEPT 15: | \$20 _____ | SEPT 15: | \$25 _____ |
| | BAL: _____ | | BAL: _____ | | BAL: _____ |
| OCT 15: | \$10 _____ | OCT 15: | \$20 _____ | OCT 15: | \$25 _____ |
| | BAL: _____ | | BAL: _____ | | BAL: _____ |
| NOV 15: | \$10 _____ | NOV 15: | \$20 _____ | NOV 15: | \$25 _____ |
| | BAL: _____ | | BAL: _____ | | BAL: _____ |
| DEC 15: | \$10 _____ | DEC 15: | \$20 _____ | DEC 15: | \$25 _____ |
| | BAL: _____ | | BAL: _____ | | BAL: _____ |
| JAN 15: | \$10 _____ | JAN 15: | \$20 _____ | JAN 15: | \$25 _____ |
| | BAL: _____ | | BAL: _____ | | BAL: _____ |
| FEB 15: | \$10 _____ | FEB 15: | \$20 _____ | FEB 15: | \$25 _____ |
| | BAL: _____ | | BAL: _____ | | BAL: _____ |
| MAR 15: | \$10 _____ | | | | |

As of 7/1/22: 110.00,
First payment--\$40, rest-\$10

As of 7/1/22: 170.00, First payment,
\$30, rest-\$20 thru March

As of 7/1/22: 210.00, First payment,
\$35, rest-\$25 thru March