

| 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 <input type="checkbox"/> RCIA |
| Circle any that apply & explain: Allergies – Medications – Conditions – NONE | | | | |
| 2) | | | | <input type="checkbox"/> Traditional <input type="checkbox"/> Family <input type="checkbox"/> CGS <input type="checkbox"/> RCIA |
| Circle any that apply & explain: Allergies – Medications – Conditions – NONE | | | | |
| 3) | | | | <input type="checkbox"/> Traditional <input type="checkbox"/> Family <input type="checkbox"/> CGS <input type="checkbox"/> RCIA |
| Circle any that apply & explain: Allergies – Medications – Conditions – NONE | | | | |
| 4) | | | | <input type="checkbox"/> Traditional <input type="checkbox"/> Family <input type="checkbox"/> CGS <input type="checkbox"/> RCIA |
| 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. <p>Please check one:</p> <p>_____ I agree and consent to the use of any photograph of this student for the bulletin and publicity purposes by St. James the Less, and waive all claims for any compensation. (Names are not used in photos.)</p> <p>_____ I do NOT want my child's picture used for the bulletin and publicity purposes by St. James the Less.</p> | |
| Parent/Guardian Signature | Date |

New Student Information

2023-24

| | | | | | |
|----------------------------------|--------|---------------------|----------------|-----------------------|--------------|
| 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.

All credit card transactions will incur a 3.5% processing fee.

FOR OFFICE USE ONLY:

| | |
|---------------------------|-------------------------|
| By 6/30/23: | As of 7/1/23: |
| \$100.00 for 1 Student | \$110.00 for 1 Student |
| \$150.00 for 2 Students | \$170.00 for 2 Students |
| \$180.00 for 3 or more | \$210.00 for 3 or more |
| Amount Due: _____ | |
| Amount Paid: _____ | |
| Date: _____ | |
| Cash/check # _____ | |
| Credit \$ _____ | |
| Balance: _____ | |

| Payment Plan--\$100.00 | | Payment Plan--\$150.00 | | Payment Plan--\$180.00 | |
|------------------------|------------|------------------------|------------|------------------------|------------|
| APR 24: | \$30 _____ | APR 24: | \$30 _____ | APR 24: | \$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 7/1/23: 110.00,
First payment--\$40, rest-\$10

As of 7/1/23: 170.00, First payment,
\$30, rest-\$20 thru March

As of 7/1/23: 210.00, First payment,
\$35, rest-\$25 thru March