

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

2024-25

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 8/30/24:	As of 8/31/24:
\$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	
AUG 5:	\$30 _____	AUG 5:	\$30 _____	AUG 5:	\$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 8/31/24: 110.00,
First payment--\$40, rest-\$10

As of 8/31/24: 170.00, First payment,
\$30, rest-\$20 thru March

As of 8/31/24: 210.00, First payment,
\$35, rest-\$25 thru March