

**ST. JAMES CATHOLIC CATHEDRAL
OFFICE OF FAITH FORMATION
REGISTRATION FORM- 2019/2020**

STUDENT INFORMATION

CHILD'S FULL NAME _____ SEX F M

ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____

SCHOOL STUDENT ATTENDS _____ GRADE (*Fall 2019*) _____

DATE OF BIRTH _____ DATE OF BAPTISM _____

CHURCH OF BAPTISM _____

CITY & STATE _____

SACRAMENTS RECEIVED BAPTISM _____ RECONCILIATION _____

 EUCHARIST _____ CONFIRMATION _____

COPY OF BAPTISM CERTIFICATE MUST BE PROVIDED UNLESS BAPTIZED AT ST. JAMES.

PARENTAL INFORMATION

ARE YOU REGISTERED IN THE PARISH? YES _____ NO _____

MOTHER'S NAME _____ RELIGION _____

FATHER'S NAME _____ RELIGION _____

MOTHER'S CELL _____ FATHER'S CELL _____

EMAIL _____

CHILD LIVES WITH: BOTH PARENTS _____ MOTHER _____ FATHER _____ OTHER _____

IF OTHER, PLEASE SPECIFY _____

LANGUAGE(S) CHILD SPEAKS AT HOME: ENGLISH _____ KREOLE _____ SPANISH _____

OTHER _____

EMERGENCY INFORMATION

In the event of an emergency, if you are unavailable, please list someone else that we may contact.

Name _____ Relationship _____ Phone _____

OTHER INFORMATION

Please list any information (custody arrangements, learning disorders such as ADD, any speech, hearing, or language problems; health or allergy problems, physical impediments that will help us to be more effective in working with your child).

SESSIONS AND FEES

Session I (Pre- K – 8) Session II (Pre-K – 12)

(_____) Session I: (Sunday 8:45 -10:00 a.m.)

(_____) Session II: (Sunday 10:15 -11:30 a.m.)

REGISTRATION FEE: \$45 PER CHILD OR \$80 PER FAMILY, Make check payable to St. James Cathedral. Please contact Faith Formation Office if tuition assistance is needed.

PARENT SIGNATURE _____ DATE _____

FOR OFFICE USE ONLY:

DATE _____

PAID _____ CHECK _____ CASH _____

RECORD OF ATTENDANCE:

Number of times present _____ Total number of classes _____ Level Completed _____ Teacher _____