

St. James Catholic Church



Religious Education Registration

Mass Observance is required each Sunday.

faithformation@stjamesnorthmiami.org

PLEASE FILL OUT ONE FORM FOR EACH CHILD

CHILD INFORMATION

Child's Name: _____

Child's Gender: Male Female

Child's Date of Birth: _____

Child's Age: _____

Grade for 2020/2021: _____

CHECKLIST:

DOCUMENTS REQUIRED BEFORE THE FIRST DAY OF CLASS. (*Documentos requeridos antes del primer día de clase*)

- 1- **Copy of Student Birth's Certificate.** (*Acta de Nacimiento*)
- 2- **Copy of Baptismal Certificate.** (*Acta de Bautismo*)
- 3- **Copy of First Communion Certificate.** (*Constancia de haber recibido la Primera Comuni3n*) N/A
- 4- **Transfer letter.** If student attended classes in another parish/ (*Carta de Transferencia si el estudiante asisti3 a otra parroquia*) N/A
- 5- **Godfather / Sponsor letter** (*If student will receive Baptism or Confirmation*) (*si va a recibir Bautizo o Confirmaci3n*) N/A
- 6- **Tuition Fees:** Cuota de Registraci3n
- 7- **Past Tuition Fees:**
- 8- **Parent's Handbook signed.** (*Manual de los padres firmado*)



• Birth Certificate:

Received: Yes No

• Baptism (*all over 7 years old will be prepared to receive all sacraments during Easter Vigil*)

▪ Received: Yes No

▪ If yes, Date: _____ Parish: _____

• Communion (*all over 12 years old will be prepared to receive all sacraments during Easter Vigil*)

▪ Received: Yes No

▪ If yes, Date: _____ Parish: _____

▪ Baptism Certificate: Submitted

• Confirmation

▪ Received: Yes No

▪ If yes, Date: _____ Parish: _____

▪ Communion Certificate: Submitted



FIRST TIME

RE-REGISTRATION

Registration fee: \$25.00

Annual Tuition per child: \$100.00

Registration will take place during the month of August and September

Start Date: Wednesday, October 7, 2020

Time: 6:15PM to 8:00PM

MOTHER'S INFORMATION			
Please Check: <input type="checkbox"/> Biological Mother <input type="checkbox"/> Step-Mother <input type="checkbox"/> Deceased			
First Name: <i>(Nombre)</i> _____ Last <i>(Apellido)</i> _____			
Maiden Name <i>(Apellido Materno)</i> _____			
Address: _____			
City: _____ State: _____ Zip _____			
(Only if different from child) <i>(Completar la dirección solo si es diferente de la del niño/a)</i>			
Mobile:	Home Phone	Work Phone:	Email:
Religion: Catholic () Christian: () Other () Please Specify:			
Mother's Marital Status: () Married () Single () Divorced* () Widow () Other: _____			
Catholic Marriage?: Yes() No()			

FATHER'S INFORMATION			
Please Check: <input type="checkbox"/> Father <input type="checkbox"/> Step-Father <input type="checkbox"/> Deceased			
First Name: <i>(Nombre)</i> _____ Last <i>(Apellido)</i> _____			
Address: _____			
City: _____ State: _____ Zip _____			
(Only if different from child) <i>(Completar la dirección solo si es diferente de la del niño/a)</i>			
Mobile:	Home Phone	Work Phone:	Email:
Religion: Catholic () Christian: () Other () Please Specify:			
Father's Marital Status: () Married () Single () Divorced* () Widow () Other: _____			
Catholic Marriage?: Yes() No()			

GUARDIAN INFORMATION			
Child lives with Both Parents Yes () No () <i>¿El niño vive con ambos padres?</i>	Mother Custody () 100% () 50% <i>¿Custodia de la madre?</i>	Father Custody () 100% () 50% <i>¿Custodia del padre?</i>	Other:

Custodial Parent/Guardian (if other than parents) : _____

Custodial Address: _____

Custodial Home/Cell Phone: _____ Custodial Email: _____

EMERGENCY CONTACT : <i>(Contactos de Emergencia)</i>		
Name: _____	Phone: _____	Relationship: _____
Name: _____	Phone: _____	Relationship: _____

Please note: we are unable to release a child to anyone who is not listed as the custodial parent/guardian without written notification by the custodial parent/guardian. Parents are obligated to provide the *Catechetical Administrator with custody and/or restraining legal documentation. Please note that pick up time is at 8:00PM.*

MEDICAL QUESTIONNAIRE (Special Concerns)

DOCTOR'S NAME:

PHONE:

- Does your child have allergies? YES or NO

If yes, please explain: _____

- Does your child have any special conditions that we should be aware of: YES or NO

If yes, please explain _____

St. James Catholic Church

Dear Parents,

In order that you might better understand the philosophy and requirements of Saint James Religious Education Program, it is important that you thoroughly read your copy of the Rules and Regulations Handbook for Faith Formation Program. It is your responsibility to pick up a copy at the office or on the first day of class. Please sign and return the slip below, which indicates that you have read and accepted the rules and regulations.

Sincerely,

Mahalia Marcelin
Faith Formation Coordinator

I (We) parents of _____ certify that I (We) understand the application for Registration Policy Procedures and that the information provided is true and accurate. I(We) further understand that the application for registration does not guarantee acceptance and have read and do accept the rules and regulations as printed in the handbook.

Parents' name (printed):	Parents' Signature:	Date (MM/DD/YYYY)
Parents' name (printed):	Parents' Signature:	Date (MM/DD/YYYY)

PLEASE SIGN & DATE