



FAITH FORMATION REGISTRATION 2010-2011

ST. JAMES THE GREATER CATHOLIC CHURCH

139 MANOR AVENUE, SW CONCORD, NC 28025
704-720-0600, ext. 23 (Office of Religious Education)



PLEASE FILL OUT THIS FORM IN ITS ENTIRETY.

- **Tuition: \$ 45.00 for first child; \$25.00 for each additional child*** Payment is due at the time of registration. (Families with financial hardship may call the Faith Formation office to negotiate fees in complete confidentiality.)
- Items required upon registration in FF classes– A copy of each of your children’s baptism certificates and you must also be a registered member of the parish.
- Please indicate by checking the box if any of your children in the 3rd grade or older have not received their First Reconciliation and First Communion.

PLEASE PRINT

Date: _____ Official use only: Chk# _____ Amt: \$ _____

Family’s Last Name _____

Family Current Address: _____ City: _____ Zip: _____

Home Phone # _____ Family Email _____

Parent’s Marital Status **Circle one:** (Single—Married—Separated—Divorced)

Primary Emergency Contact: Mother Father or Other: _____

Relation to child _____ Phone # _____ (H, C, W)

Father’s Name: _____	Mother’s Name: _____
Place of Employment/Occupation _____/_____	Place of Employment/Occupation _____/_____
Work # _____	Work # _____
Cell # _____	Cell # _____
Email: _____	Email: _____
Religion: _____	Religion: _____

1st Student’s Name: (First) _____ (Middle) _____ (Last) _____

Date and Place of Birth _____ Sex: _____

School _____ Grade (Fall 2010) _____

Baptism Date _____ Church & Address _____

Reconciliation Date _____ Church _____

First Communion Date _____ Church _____

List all allergies and known disabilities: _____

Comments _____

++++**ADD INFORMATION FOR ADDITIONAL STUDENTS ON THE BACK SIDE OF THIS PAGE**++++

There will be a cap of 14 students per class. Registration forms will be honored, in order, by the date they are received. Please select your students’ class time in order of your personal preference:(1 is 1st preference, 2 is 2nd etc...) Your 1st preference will be provided as long as space permits.

_____ **Sunday 8:45-10:00am (K-8th grade)** _____ **Wednesday 4:00-5:15pm (K-5th grade only)**

_____ **Home School** _____ **Wednesday 6:00-7:15pm (K-8th grade)**

Parent Signature: _____

***Students in First Communion or Confirmation classes will have additional fees needed for retreats and other materials. Details will be shared at the parent orientation meetings in the fall.**

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2nd Student's Name (First) _____ (Middle) _____ (Last) _____
Date and Place of Birth _____ Sex: _____
School _____ Grade (Fall 2010) _____
Baptism Date _____ Church & Address _____
Reconciliation Date _____ Church _____
First Communion Date _____ Church _____
List all allergies and known disabilities: _____
Comments _____

3rd Student's Name (First) _____ (Middle) _____ (Last) _____
Date and Place of Birth _____ Sex: _____
School _____ Grade (Fall 2010) _____
Baptism Date _____ Church & Address _____
Reconciliation Date _____ Church _____
First Communion Date _____ Church _____
List all allergies and known disabilities: _____
Comments _____

4th Student's Name (First) _____ (Middle) _____ (Last) _____
Date and Place of Birth _____ Sex: _____
School _____ Grade (Fall 2010) _____
Baptism Date _____ Church & Address _____
Reconciliation Date _____ Church _____
First Communion Date _____ Church _____
List all allergies and known disabilities: _____
Comments _____

5th Student's Name (First) _____ (Middle) _____ (Last) _____
Date and Place of Birth _____ Sex: _____
School _____ Grade (Fall 2010) _____
Baptism Date _____ Church & Address _____
Reconciliation Date _____ Church _____
First Communion Date _____ Church _____
List all allergies and known disabilities: _____
Comments _____
