

2017-2018 Religious Education (CCD) Registration Form

Parent(s) / Guardian(s) Last Name: _____ (Please Print) Registration Date: _____

Parents/Guardians (with whom the child resides)

Father: _____ Religion: _____	
Work Phone: _____	Cell Phone: _____
Mother: _____ Maiden Name: _____ Religion: _____	
Work Phone: _____	Cell Phone: _____
Address: _____ Zip: _____	
Home Phone: _____ Email Address: _____	
Emergency Contact Person/Relationship: _____ Phone: _____	
Are you formally registered at St. James Parish? ____ Yes ____ No (if you check No, you MUST complete a parish registration form to be submitted with your CCD registration form – Thank you!)	

Please complete for all children registering for CCD.

First / Last Name	M/F	Date of Birth	Grade	Baptized *	First Reconciliation	First Communion	Class Session 1 st Choice	Class Session 2 nd Choice
				Y N	Y N	Y N		
				Y N	Y N	Y N		
				Y N	Y N	Y N		
				Y N	Y N	Y N		
				Y N	Y N	Y N		
				Y N	Y N	Y N		

* Please bring a copy of your child's/children's Baptismal Certificate to registration (for NEW students and those in First Communion and Confirmation classes).

____ Returning Student ____ New Student Any previous religious instruction? Yes / No Where? _____
Parish Name

If your child(ren) will be receiving any Sacraments this year, please indicate which one:

____ Baptism— Child's Name _____
 ____ *1st Reconciliation/*1st Communion — Child's Name _____
 ____ **Confirmation — Child's Name _____

*Pre-requisite: child must have completed First Communion Prep 1 **Pre-requisite: child must have completed 7/8th Grade class

Mass Participation Commitment

As your parish family, we want you to be successful raising a happy and holy Catholic family. Therefore, this is an opportunity for you, as parents, to recommit yourselves to attending Mass with your child(ren) each and every Sunday, unless a serious reason such as illness prevents you. We are aware some family situations are difficult. All we ask is for you to commit to do YOUR part to bring your child to Mass. The benefits of coming to Mass are countless and eternal!

I, _____, solemnly promise to attend Mass with my child(ren) each and every Sunday, unless a serious reason such as illness prevents me.

Child's Medical Conditions/Allergies: _____

Parental Consent

In case of emergency, and after every effort has been made to reach above emergency contact, I give permission for my child to be taken to a doctor or hospital for medical treatment by St. James personnel.

 Signature of Parent/Guardian Date

St. James the Greater Roman Catholic Church

49 Crosswinds Drive , Charles Town, WV 25414- Phone: 304-725-5558

PK/K (ages 4-5)	Sunday, 9:30-10: 45am	Wednesday 5:30-6:45pm
Grade 3 - 6	Sunday 9:30-10:45am	Wednesday 5:30-6:45pm
First Communion Prep 1	Sunday 9:30-10:45am	Wednesday 5:30-6:45pm
*First Communion Prep 2	Sunday 9:30-10:45am	Wednesday 5:30-6:45pm
Sacramental Prep (children assigned by DRE to this session)		Sunday 9:30am-10:45am
RCIC (children assigned by DRE to this session)		Sunday 9:30am-10:45am
Grades 7 - 8	Wednesday 5:30pm-8:00pm (<u>Wed. 7pm Mass attendance required as part of class</u>)	
*Grade 9/Confirmation	Wednesday 7:00-9:15pm (<u>Wed. 7pm Mass attendance required as part of class</u>)	
Catechesis of the Good Shepherd(ages 3-5)	Sunday 9:30 am, Wednesday 5:30 pm	

If there is not enough interest to hold the class, i.e. at least four kids, then the session will not be offered. A limited number of 3 year olds will be accepted into the CGS program on a case-by-case basis.

*A child must have attended and completed a prior year of Religious Education before entering this class. If the prior year's class was completed at another parish, please submit documentation from the previous Parish with your registration form.

TUITION FEES:

1 st Child	_____	single payment of \$96
	_____	2 payments of \$48
2 Children	_____	single payment of \$156
	_____	2 payments of \$78
3 or More	_____	single payment of \$200
	_____	2 payments of \$100

Scholarship Request

_____ **I would like to request a scholarship and can volunteer as: (please choose below)**

(All volunteers must be VIRTUS trained and commit to the full program from Sept – May)

___ Catechist ___ Catechist Aide ___ Hall Monitor Day/Time _____

___ I am able to clean a classroom(s) twice a month after CCD ___ Sunday ___ Wednesday

___ Prayer Partner

For office use only:

Total amount due for 2017-2018 Religious Education fees _____

Amount Paid Today _____

Date: _____

Payment Method: Cash _____

Check # _____

Scholarship amount granted: _____

Catechist/volunteer fee waived: _____

Balance Due: _____