

St. James Catholic Church
Faith Formation Registration
Kindergarten – 12th Grade
366 Cowan Road, Gulfport, MS 39507 (228) 896-6059

Family Last Name: _____ Date: _____

Home Phone: _____ Both Parents Catholic? Y ___ N ___

Father's Name: _____ Cell: _____ Email: _____

Mother's Name: _____
(First) (Middle) (Maiden) (Last)

Mother's Cell: _____ Mother's Email: _____

Children live with: ___ Both Parents ___ Mother ___ Father ___ Guardian

Guardian (if other than parent): _____ Relationship: _____

Guardian Cell: _____ Guardian Email: _____

Home Address: _____
(Street) (City) (Zip Code)

In the event of an emergency, who else may be contacted? (Name) _____ (Number) _____

IMPORTANT NOTE: If this is the first year that your child is attending faith formation classes at St. James Catholic Church and he/she was NOT baptized at St. James, please provide a copy of your child's Baptismal Certificate.

Below, please provide information for your children who will be participating in our faith formation sessions during the school year.

1. Child _____ Birthdate _____ Sex _____ School _____ Grade _____

Circle sacraments received: Baptism----Catholic? Holy Eucharist Confirmation

Date sacraments received: _____ Yes/No _____

Special Needs: (food allergies, learning difficulties, physical or health needs/family circumstances) _____

2. Child _____ Birthdate _____ Sex _____ School _____ Grade _____

Circle sacraments received: Baptism----Catholic? Holy Eucharist Confirmation

Date sacraments received: _____ Yes/No _____

Special Needs: (food allergies, learning difficulties, physical or health needs/family circumstances) _____

3. Child _____ Birthdate _____ Sex _____ School _____ Grade _____

Circle sacraments received: Baptism----Catholic? Holy Eucharist Confirmation

Date sacraments received: _____ Yes/No _____

Special Needs: (food allergies, learning difficulties, physical or health needs/family circumstances) _____

*****Please complete both sides of the page*****

4. Child _____ Birthdate _____ Sex _____ School _____ Grade _____
Circle sacraments received: Baptism----Catholic? Holy Eucharist Confirmation
Date sacraments received: _____ Yes/No _____
Special Needs: (food allergies, learning difficulties, physical or health needs/family circumstances) _____

PHOTO PERMISSION – Effective September 1, 2021 – August 31, 2022

There are times when special events occur as part of our Faith Formation Program. During these events, we often take photos of the participating students. We would like to occasionally place these pictures on the church website and/or use for other church publicity. It is the policy of St. James Catholic Church that children NOT be identified by name. Please place a checkmark and sign the appropriate statement below about the use of your children’s pictures.

Name(s) of Minor Child/Children

I GIVE permission to have pictures taken of my child/children during faith formation activities that may be used on the St. James Catholic Church website or for other forms of publicity.

Parent/Guardian Signature: _____

I DO NOT GIVE permission for pictures taken of my child/children during faith formation activities to be used on the St. James Evangelist Catholic Church website or for other forms of publicity.

Parent/Guardian Signature: _____

FAITH FORMATION CLASS REGISTRATION FEE – Per Family

Please check:

One Child - \$55 _____ Two Children - \$90 _____ Three Children - \$120 _____ Four or More Children - \$140 _____

Checks should be made payable to St. James Catholic Church.

Completed forms should be mailed or dropped off at the Parish Office during the hours of 8:30 AM – 4:00 PM. If after hours, the forms may be placed in the black mailbox in front of the office door. In addition, completed forms may be dropped in the collection, but must be placed in a *clearly marked* envelope.