

## 2010/2011 VOLUNTEER FORM

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

St. James cannot run its program without volunteers and every household is asked to help in some way. **If help is needed** in an area you have checked, you will be contacted. Please know how much we appreciate your willingness to help!

### **PRESCHOOL/KINDERGARTEN - Sunday during 9:00 and 11:00 am Mass**

Teacher (9:00 am or 11:00 am) \_\_\_\_\_ Substitute Teacher (9:00 am or 11:00 am) \_\_\_\_\_ Aide (9:00 am or 11:00 am) \_\_\_\_\_  
Help as needed: \_\_\_\_\_

### **ELEMENTARY (Grades 1-6) - Wednesday at 4:15 pm**

Teacher \_\_\_\_\_ Teacher Aide \_\_\_\_\_  
Nursery Care for catechist=s and aide=s children during class time. \_\_\_\_\_  
Provide transportation to class for other children \_\_\_\_\_

### **LITURGY OF THE WORD (Grades 1-3)**

Presenter on Sunday mornings \_\_\_\_\_ Time (9:00 or 11:00 am Mass)  
(once a month)

### **JUNIOR HIGH (Grades 7 & 8) aka Little Rock - Sunday 6:00 pm**

Catechist \_\_\_\_\_ Aide \_\_\_\_\_

### **HIGH SCHOOL (Grades 9 - 12) aka ROCK - Sunday 6:00 pm**

Youth Ministry Team includes Retreat Help and Chaperoning \_\_\_\_\_

### **MUSIC OPPORTUNITIES FOR PARTICIPATION: Children=s Choir practice - Wednesdays 5:45-6:15 (when Religious Ed in session)\_\_\_\_\_;**

Cantor \_\_\_\_\_ Instruments \_\_\_\_\_

### **GENERAL:**

Reception Committee (help prepare receptions for various activities) \_\_\_\_\_ Gardening \_\_\_\_\_ Coordinate Social Activities \_\_\_\_\_  
Sunday Nursery coordinator \_\_\_\_\_ Help with Sunday Nursery \_\_\_\_\_ Welcome Committee \_\_\_\_\_ Bake Bread \_\_\_\_\_

**ST. JAMES CHURCH**  
**Religious Formation Department**  
**2010/2011**  
**\*\*\*\*TUITION FEES\*\*\*\***

**Early registration will ensure your reduced fee. Please note that you DO NOT HAVE TO PAY WHEN YOU REGISTER. Registration is due by May 5, 2010. The graduated pay options listed below will determine your tuition cost.**

**OPTION 1**

Register by **May 5**

\$40 per student (\$105 maximum per family)  
\$25 per sacrament/per child\*

**OPTION 2**

Register between **May 6 through June 9**

\$45 per student (\$120 maximum per family)  
\$30 per sacrament/per child\*

**OPTION 3**

Register between **June 9 through August 9**

\$50 per student (\$135 maximum per family)  
\$30 per sacrament/per child\*

**OPTION 4**

Register after **August 17**

\$55 per student (\$150 maximum per family)  
\$30 per sacrament/per child\*

**\*Students must have actively participated in a parish program one year prior to preparing for a sacrament.**

**Class schedules:**

**PRE-SCHOOL/KINDERGARTEN**

Sundays during **9:00** and **11:00 am** Masses

**ELEMENTARY: (Grades 1-6)**

Wednesdays: **4:15-5:45 pm** or **Family Co-op/Home School**

**JUNIOR HIGH: (Grades 7-8)**

Sunday: **6:00 - 8:00 pm**

**HIGH SCHOOL: (Grades 9-12)**

Sunday: **6:00 - 8:00 pm**

# HEALTH HISTORY & MEDICAL FORM

Family Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Parent/Guardian \_\_\_\_\_  
Family Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_

## HEALTH HISTORY

CHILD=S NAME CHILD=S NAME CHILD=S NAME

Immunizations: (YEAR of last immunization or last time person had the disease)

Tetanus/Diphtheria \_\_\_\_\_  
Chicken Pox \_\_\_\_\_  
TB (results) \_\_\_\_\_  
Measles \_\_\_\_\_  
Mumps \_\_\_\_\_  
Rubella \_\_\_\_\_  
Polio \_\_\_\_\_  
Other \_\_\_\_\_

Special Information: Please check all that apply-information strictly confidential

Sleep Walking \_\_\_\_\_  
Blackouts \_\_\_\_\_  
Fainting \_\_\_\_\_  
Nosebleeds \_\_\_\_\_  
Severe Headaches \_\_\_\_\_  
Asthma \_\_\_\_\_  
Kidney Problems \_\_\_\_\_  
Seizures \_\_\_\_\_  
Diabetes \_\_\_\_\_  
Frequent Colds \_\_\_\_\_

Allergic Reactions: (please list all know medicinal allergies) and type of reaction.

Please indicate any other medical problems/situations pertinent to your child:

Any physical limitations? \_\_\_\_\_ If yes, explain

Any emotional/psychological limitations or reactions to be aware of? \_\_\_\_\_ If yes, explain.

Is the student taking medication? \_\_\_\_\_

If so, list medications: \_\_\_\_\_

In an **Emergency**, and unable to reach parent/guardian, contact:

Name \_\_\_\_\_  
Phone \_\_\_\_\_

### **PERMISSION FOR EMERGENCY MEDICAL TREATMENT**

In case of an emergency, I hereby give permission to transport my child to the nearest hospital/emergency center for emergency medical or surgical treatment. I will be contacted as soon as possible and will be advised prior to any further treatment by the hospital or doctor.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

FAMILY INSURANCE PROVIDER/HEALTH PLAN

\_\_\_\_\_

HEALTH PLAN POLICY NUMBER \_\_\_\_\_