

**St. William Parish
Office of Faith Formation
Religious Education Registration Form - 2009/2010**

Today's Date: _____

Family Name: _____

Address (Main Residence): _____

City/State/Zip Code: _____

Telephone #: _____

e-mail address (please print): _____

(We are trying to communicate via e-mail due to the cost of postage. Please check your e-mail daily.)

Father's Name: _____ Religion: _____ Deceased: _____

Father's Work Telephone #: _____ Cell #: _____

Mother's Name: _____ Religion: _____ Deceased: _____

Mother's Maiden Name: _____

Mother's Work Telephone #: _____ Cell #: _____

Custodial Parent: Father Mother Both

Our children are currently home schooled.

If Home Schooled what program: _____

Registered member at St. William Parish? Yes No

If No, which Parish are you registered at: _____

Student Information

1. **Student's Name:** First _____ Last _____

Male Female Birth Date: _____ and School Grade (09/10): _____

Special needs: Physical/Medical/Educational: _____

Religious Education Class Days and Times: Please check the day and time of your choice.

Sunday: 9:00 - 10:00 a.m. - Pre School & Kindergarten Monday: 5:30 - 6:45 p.m. - 1st - 8th

Sunday: 10:15 - 11:25 a.m. - 1st - 8th

Monday: 7:00 - 8:15 p.m. - 1st - 8th

Sacraments Received:

Baptism - Church of Baptism _____

Reconciliation Eucharist Confirmation

Sacraments Requested: Baptism Reconciliation Eucharist Confirmation

