

Religious Education Registration Form for the 2012-13 School Year

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 to reduce postage costs. 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 of St. William Parish? Yes No

If No, which Parish are you registered at? _____

If you are a Catholic, you should be registered in a parish. If you are not registered, would you like to be a registered member of St. William Parish? Yes No

Student Information

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

Male Female Birthdate: _____ School Grade in **2012-13**): _____

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 thru 8th

Sunday: 10:15 - 11:25 a.m. – 1st thru 8th Monday: 7:00 - 8:15 p.m. – 1st thru 8th

Sacraments Already Received:

Baptism - Church of Baptism _____

Reconciliation Eucharist Confirmation

Sacraments Requested This Year: Baptism Reconciliation Eucharist Confirmation

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

Male Female Birthdate: _____ School Grade in **2012-13**): _____

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 thru 8th

Sunday: 10:15 - 11:25 a.m. – 1st thru 8th Monday: 7:00 - 8:15 p.m. – 1st thru 8th

Sacraments Already Received:

Baptism - Church of Baptism _____

Reconciliation Eucharist Confirmation

Sacraments Requested This Year: Baptism Reconciliation Eucharist Confirmation

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

Male Female Birthdate: _____ School Grade in **2012-13**): _____

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 thru 8th

Sunday: 10:15 - 11:25 a.m. – 1st thru 8th Monday: 7:00 - 8:15 p.m. – 1st thru 8th

Sacraments Already Received:

Baptism - Church of Baptism _____

Reconciliation Eucharist Confirmation

Sacraments Requested This Year: Baptism Reconciliation Eucharist Confirmation

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

Male Female Birthdate: _____ School Grade in **2012-13**): _____

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 thru 8th

Sunday: 10:15 - 11:25 a.m. – 1st thru 8th Monday: 7:00 - 8:15 p.m. – 1st thru 8th

Sacraments Already Received:

Baptism - Church of Baptism _____

Reconciliation Eucharist Confirmation

Sacraments Requested This Year: Baptism Reconciliation Eucharist Confirmation