



2017-2018 St. William PRE Family Registration

FOR OFFICE USE ONLY:
PD \$ _____ Date Processed _____
Verified Parishioner _____

RETURN THIS COMPLETED FAMILY REGISTRATION + ALL STUDENT REGISTRATIONS WITH PAYMENT TO PARISH OFFICE:

4932 Easley Street, Millington, TN 38053

TUITION

Family Max \$100

Payment options: (choose one)

1st Child: \$40 2nd Child: \$80

Option 1: PAY ALL NOW

3rd Child: \$ 100 4th Child: \$100

Option 2: PAY ½ NOW ½ FIRST CLASS

High School Youth Group: no cost

Option 3: HAVE DRE CALL ME

FAMILY INFORMATION

Circle One: Father/Stepfather/Guardian

Circle One: Mother/Stepmother/Guardian

Last Name: _____

Last Name: _____

First Name: _____

Maiden Name: _____

Best Phone Number: _____

First Name: _____

Email Address: _____

Email Address: _____

Religion: _____

Best Phone Number: _____

Primary Language: _____

Religion: _____

Primary Language: _____

Please circle which is the first phone number and email address to use.

Marital Status: Married _____ Separated _____ Divorced _____ Widowed _____

Address where student resides: _____

(Street)

(City)

(State)

(Zip Code)

Student Resides with: Both Parents Mother Father Guardian _____

(Name)

Children being enrolled in PRE:

Name/Grade: _____ Name/Grade: _____

Name/Grade: _____ Name/Grade: _____

Name/Grade: _____

I give my permission for my younger students to be picked up by an older sibling who are in 6th grade or above. Yes _____ NO _____



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IF YOU ARE NOT REGISTERED WITH THE PARISH OFFICE, PLEASE DO SO

EMERGENCY INFORMATION

Emergency Information: if parent(s) or guardian(s) cannot be reached, please notify the following:

Name: _____ Phone: _____

Address: _____ Relationship: _____

AGREEMENT AND RELEASE

I am enrolling my child(ren) in the St. William Religious Education Program. I understand that as a parent, I am primarily responsible for the on-going religious formation of my child(ren), including regular attendance at Mass, reception of the sacraments, participating in the life of the parish, and ensuring my child(ren) regularly attends religious education classes. I give my permission for this parish and our PRE personnel to photograph or videotape my child(ren) while participating in PRE Activities and understand that these may be published in the church bulletin, website, social-media or in the newspaper. If I do not give my permission for this, I have attached my decline in writing. I give church staff and/or PRE volunteers permission to seek emergency medical treatment for my child(ren) if the need arises while he/she is in their care. Should I opt out of having my child(ren) receive instruction through the Virtus Touching Safety Program for Children, as adopted by our nation's bishops for the protection of our children, I have attached my decline in writing. If there are special custody issues that PRE personnel should be aware of, I have attached the official court document and I agree to advise the PRE program administrators if any custody issues arise during the school year.

Signature: _____ Date: _____



2017-2018 PRE Student Registration

FOR OFFICE USE ONLY:
Class Assignment _____
Sacrament Prep _____ BC _____

FILL OUT ONE STUDENT FORM PER CHILD AND TURN IN WITH THE FAMILY REGISTRATION FORM PLEASE

STUDENT INFORMATION

Last Name: _____ First Name: _____ Goes by: _____

Age as of 9/01/17: _____ Date of Birth: _____ Gender: _____

Grade in School for 2017/2018: _____ Name of School: _____

Please circle each grade level of Religious Education the student has completed: (PRE or Catholic School)
3yr 4yr K 1 2 3 4 5 6 7 8 High School

Special Needs or learning differences of which we should be aware to help meet your child's needs in the classroom (such as ADD, ADHD, Autism, Asperger's, Dyslexia, Hearing Impairment, Visual Impairment, etc.)

STUDENT HEALTH AND MEDICAL INFORMATION

Student has (please mark all that apply, add others if needed and give pertinent information):

- Allergies to: _____
- Asthma Diabetes Epilepsy/Seizure Disorder Hay Fever Heart Condition
- Frequent or Severe Headaches Stomach Upset
- OTHER, Please describe: _____

Medications taken regularly and purpose: _____

Pediatrician Name and Phone Number: _____

INSURANCE INFORMATION (not mandatory but helpful in case of emergency)

Insurance Company: _____ Insurance Phone Number: _____

Insurance Policy #: _____ Group #: _____

Thank You! This information helps us to take the best possible care of your child.

Anything else we should know to best provide care and education for your child: _____

BOTH SIDES MUST BE COMPLETED

SACRAMENT INFORMATION

Please attach a copy of BOTH SIDES of the Baptism certificate (including notations) if your child is receiving a sacrament this year.....First Reconciliation, First Eucharist or Confirmation. If they were baptized at St. William then we should have the certificate on file.

Please check box if preparing
to receive in 2017/2018

Baptism

Date Received: _____

(Month/Day/Year)

Sponsor: _____

Church: _____

Street address: _____

City, State, ZIP, Country _____

First Reconciliation

Grade or Year Received: _____

First Eucharist

Date Received: _____

(Month/Day/Year)

Church: _____

Street address: _____

City, State, ZIP, Country _____

Confirmation

Date Received: _____

(Month/Day/Year)

Sponsor: _____

Church: _____

Street address: _____

City, State, ZIP, Country _____