



# 2018-2019 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
- 3rd Child: \$100       4th Child: \$100
- High School Youth Group:      no cost

- Option 1:      PAY ALL NOW
- Option 2:      PAY ½ NOW ½ FIRST CLASS
- Option 3:      HAVE DRE CALL ME

### FAMILY INFORMATION

Mother or Step Mother      Circle one

Father or Step Father      Circle one

First Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Home #: \_\_\_\_\_

Home #: \_\_\_\_\_

Cell #: \_\_\_\_\_

Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Religion: \_\_\_\_\_

Religion: \_\_\_\_\_

Primary Language: \_\_\_\_\_

Primary Language: \_\_\_\_\_

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: \_\_\_\_\_



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## STUDENT INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Goes by: \_\_\_\_\_

Age as of 9/01/18: \_\_\_\_\_ 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)**

K    1    2    3    4    5    6    7    8

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: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

## 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.

**BOTH SIDES MUST BE COMPLETED**



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## 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...I will however need the date (at least month and year) that they were baptized

### **Baptism**

Date Received: \_\_\_\_\_

(Month/Day/Year)

Sponsor: \_\_\_\_\_

Church: \_\_\_\_\_

Street address: \_\_\_\_\_

City, State, ZIP, Country \_\_\_\_\_

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### **First Reconciliation**

Grade or Year Received: \_\_\_\_\_

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### **First Eucharist**

Date Received: \_\_\_\_\_

(Month/Day/Year)

Church: \_\_\_\_\_

Street address: \_\_\_\_\_

City, State, ZIP, Country \_\_\_\_\_

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### **Confirmation**

Date Received: \_\_\_\_\_

(Month/Day/Year)

Sponsor: \_\_\_\_\_

Church: \_\_\_\_\_

Street address: \_\_\_\_\_

City, State, ZIP, Country \_\_\_\_\_