



# 2024-2025 St. William PRE Family Registration

FOR OFFICE USE ONLY:  
PD \$ \_\_\_\_\_ Owed \$ \_\_\_\_\_  
Date Registered \_\_\_\_\_

RETURN THIS COMPLETED FAMILY REGISTRATION + A STUDENT FORM FOR EACH CHILD ATTENDING

## FAMILY INFORMATION

Mother primary contact?  Mother Father primary contact?  Father

Mom's Name: \_\_\_\_\_ Dad's Name: \_\_\_\_\_

Family Last Name: \_\_\_\_\_ Primary Language Spoken in home: \_\_\_\_\_

Address: \_\_\_\_\_ Student Resides with: \_\_\_\_\_  Both Parents

\_\_\_\_\_  
Primary Point of Contact: \_\_\_\_\_

(City) (State) (Zip Code)

Mom's Cell #: \_\_\_\_\_ Dad's Cell: \_\_\_\_\_

Mom Email: \_\_\_\_\_ Dad Email: \_\_\_\_\_

All Children being enrolled in PRE:

Name/Grade: \_\_\_\_\_ Name/Grade: \_\_\_\_\_

Name/Grade: \_\_\_\_\_ Name/Grade: \_\_\_\_\_

### 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 ongoing 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: \_\_\_\_\_

1 Child: \$40  2 Children: \$80  3+ Children: \$ 100 Total Children in Family \_\_\_\_\_