



I am a member of St. William's.  I am not a member.

## Registration for Faith Formation

Please contact Mike Casey with questions or  
Colette Kruc for the Sunday Pre-School Program  
at 763-571-5600 ext. 111.

6120 Fifth Street NE - Fridley, MN 55432

Please register by August 31st!

Today's Date: \_\_\_\_\_ 2022

Register before Aug. 31<sup>st</sup> - \$50/child

Registration after Aug. 31<sup>st</sup> - \$75/child

**Parent/Guardian Names** \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Email address(es)\*** \_\_\_\_\_ Cell Phone \_\_\_\_\_

\*typical form of communication for updates, changes, reminders, cancelation notices, etc.

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

<b>Participating Child's Name</b> (+ Last name if different)	M/F	Grade (This Fall)	Age	Name of School (This Fall)	Birthdate MM/DD/YY	<b>Payment Information:</b>
						Before August 31st: Number of children registered _____ x \$50 each for books, supplies, materials, speakers. (Family max in this line is \$150) \$ _____
						After August 31 <sup>st</sup> : Number of children registered _____ x \$75 each for books, supplies, etc. (Family max is \$175) \$ _____

### Sacramental Preparation Registration

1<sup>st</sup> Eucharist\* \_\_\_\_\_ 1<sup>st</sup> Reconciliation \_\_\_\_\_ Confirmation \*

Name

Name

Name

\*If your child was not baptized at St. Williams & is registering for 1<sup>st</sup> Eucharist. or Confirmation., please provide their Baptism certificate.

### Photo and Medical Release:

I \_\_\_\_\_ give permission to St. Williams and to anyone authorized by St. Williams to take and publish photos of myself and /or my child(ren) using still or motion photography for use by St. Williams including use on the St Williams's website and other publications. I understand and agree that St Williams may associate my or my child(ren)'s name with the photo.

I \_\_\_\_\_ give permission to St. Williams and to anyone authorized by St. Williams to transport my child(ren) to a hospital and to receive emergency medical treatment if necessary. 911 will be called, and parents/guardians will be contacted at the numbers above.

### I would love to help in the following ways:

(Name:) \_\_\_\_\_ Catechist or Assist in \_\_\_\_\_ Grade (Wed. p.m./Sun. a.m.)

Teach Liturgy of the Word (Sun. 9 a.m.)

Youth Activities (help plan, or chaperone etc.) Gr \_\_\_\_\_

Help with retreat for (1<sup>st</sup> Communion, Reconciliation, or Confirmation)

Help with snacks - Gr. 1-8 Program \_\_\_\_\_ Conf. \_\_\_\_\_

### Program Information:

Pre-K Sunday School - 8:45-9:45 a.m.

Grades 1-8, usually the 1<sup>st</sup> and 3<sup>rd</sup> Wed. - 6:30-7:45 p.m.

(7<sup>th</sup>-8<sup>th</sup> Grades are Pre-Confirmation Preparation years)

Confirmation, usually 2<sup>nd</sup> and 4<sup>th</sup> Wed. 6:30-7:45 p.m.

First Eucharist Retreat (one Sat. 9-12 noon)

First Reconciliation Retreat (one Sat. 9-12 noon)

Confirmation Retreats (2 day retreats)

### Please let us know of any medical conditions, allergies, concerns, etc.,

regarding your child(ren):