



# The Church of Saint William

## 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

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

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 \_\_\_\_\_

Participating Child's Name (+ Last name if different)	M/F	Grade (This Fall)	Age	Name of School (This Fall)	Birthdate MM/DD/YY	Payment Information:	
						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)	\$ _____
<b>Sacramental Preparation Registration</b> _____ 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.						Sacramental Preparation – no extra fee. Confirmation retreat fees due w/perm slip. \$ <u>0</u> Teacher/Assistant discount = 1 <sup>st</sup> child's fees waived \$ _____ Total \$ _____	
<b>Photo and Medical Release:</b> 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 William'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.						<b>How does your child(ren) best learn?</b> What do they respond to best? _____ _____ _____	
<b>I would love to help in the following ways:</b> (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. _____				<b>Program Information:</b> 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)		<b>Please let us know of any medical conditions, allergies, concerns, etc., regarding your child(ren):</b> _____ _____ _____ _____	