

Family LAST Name: _____

Family ID _____

St. William of York Catholic Church

3130 Jefferson Davis Hwy, Stafford, VA 22554
540-659-5705 Email: reoffice@swoycc.org

RETURNING FAMILY REGISTRATION FORM

2020-2021 Religious Education Program

STUDENT REGISTRATION INFORMATION						
	NAME OF CHILD	RE GRADE 2019-2020	RE GRADE requested 2020-2021	Select your preferred CLASS SESSION		NOTES
1				<input type="checkbox"/> SUNDAY (K - 6) 8:45 AM - 10:00 AM	<input type="checkbox"/> SUNDAY (K - 6) 10:45 AM - 12:00 PM	
				<input type="checkbox"/> SUNDAY (7 - 8) 6:00 PM - 7:30 PM		
2				<input type="checkbox"/> SUNDAY (K - 6) 8:45 AM - 10:00 AM	<input type="checkbox"/> SUNDAY (K - 6) 10:45 AM - 12:00 PM	
				<input type="checkbox"/> SUNDAY (7 - 8) 6:00 PM - 7:30 PM		
3				<input type="checkbox"/> SUNDAY (K - 6) 8:45 AM - 10:00 AM	<input type="checkbox"/> SUNDAY (K - 6) 10:45 AM - 12:00 PM	
				<input type="checkbox"/> SUNDAY (7 - 8) 6:00 PM - 7:30 PM		
4				<input type="checkbox"/> SUNDAY (K - 6) 8:45 AM - 10:00 AM	<input type="checkbox"/> SUNDAY (K - 6) 10:45 AM - 12:00 PM	
				<input type="checkbox"/> SUNDAY (7 - 8) 6:00 PM - 7:30 PM		

If there is any information about your children we need to know, such as reading below grade level, custody issues that may affect attendance, learning disabilities (ADD, ADHD), language problems, physical impairment (including hearing or visual difficulties), allergies, asthma, etc., **OR** any change in **FAMILY** dynamics (birth of a sibling, moving, separation, divorce, deployment, legal custody case, illness, bereavement, repeating a grade in school) that may affect your child's attitude or performance please annotate it on the back of this sheet. **(This information will be kept confidential)**

CUSTODY INFORMATION	
This child(ren) resides with: <input type="checkbox"/> Both birth parents <input type="checkbox"/> Mother only <input type="checkbox"/> Father only <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Stepmother/Father	
List any person who SHOULD NOT be allowed to pick up this child: _____	

Name of **local** contact person for emergency, other than parent: _____ PH# _____

Parent's signature _____ Date _____

TUITION & PAYMENT RECORD		PAYMENT IN FULL IS REQUIRED at time of registration	
For OFFICE USE ONLY		Payment Method: <input type="checkbox"/> CASH (Receipt # _____)	
Tuition DUE: <input type="checkbox"/> \$ 80/1 child enrolled		<input type="checkbox"/> CHECK (# _____)	
<input type="checkbox"/> \$145/2 children enrolled		<input type="checkbox"/> CREDIT CARD (_____)	
<input type="checkbox"/> \$200/3+children enrolled			
Outstanding prior year bal. _____		AMOUNT PAID: \$ _____ Received by: _____	
Total Tuition Due: \$ _____			
Date Completed Form Received: / /		Date Entered in System: / /	
		Entered by: _____	

Family LAST Name: _____

Family ID _____

Current / up to date Contact information:

Please indicate **IF** any of your contact information has changed within the last year:

Address: _____

Home Phone - _____

The RE office will now be able to send automated notifications via email and text. Please indicate the emails for notifications to go to along with the cell phone number(s) AND cell phone provider.

Primary email address: _____ Mother Father
(PRINT CLEARLY)

Secondary email address: _____
(PRINT CLEARLY)

Primary Cell Phone - _____ Mother Father
(PRINT CLEARLY)

Primary Cell Phone Provider - _____

**(Phone carrier information is required in order to receive text messages from the office.)*

Secondary Cell Phone - _____ Mother Father
(PRINT CLEARLY)

Secondary Cell Phone Provider - _____

**(Phone carrier information is required in order to receive text messages from the office.)*

Additional Information for the RE Office:

