

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

2021-2022 Religious Education Program

STUDENT REGISTRATION INFORMATION						
	NAME OF CHILD	RE GRADE 2020-2021	RE GRADE requested 2021-2022	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		

CUSTODY INFORMATION

This child(ren) resides with: Both birth parents Mother only Father only Mother/Stepfather 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# _____

Is there a custody arrangement that will affect class attendance? YES NO

***** If Parents of above listed child(ren) are DIVORCED, BOTH parents must sign this form giving permission for children to attend our program. This is mandated by the Diocese of Arlington.**

<p>MOTHER PRINTED NAME: _____ SIGNATURE: _____ TODAY'S DATE: _____</p>	<p>FATHER PRINTED NAME: _____ SIGNATURE: _____ TODAY'S DATE: _____</p>
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NAME OF PERSON FILLING FORM: _____ DATE: _____

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

Date Completed Form Received: / / Date Entered in System: / / Entered by: _____

Family LAST Name: _____

Family ID _____

Please indicate IF any of your contact information has changed since 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: _____ Mother Father

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.)*

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 explain below. **(This information will be kept confidential):**
