

St. William **C.RE.ED** Registration

2300 Frederica Rd St. Simons Island, GA 31522

(912) 638-2651

PowerNancy@comcast.net

C.RE.ED (K – 5th grade) YEAR _____

Grade in fall (Circle): **K, 1, 2, 3, 4, 5**

Student Name: (Full) _____ D.O.B. ____/____/____ Age: ____

Home Address: _____ City: _____ State: ____ Zip: _____

Main Phone: () _____ Family e-mail: _____

Mother's Full Name (Maiden): _____ Cell Phone: () _____

Father's Full Name: _____ Cell Phone: () _____

Siblings: (Names/Ages) _____ School Attends: _____

SPECIAL CONCERNS – **ALLERGIES**, educational, dietary, health, social, etc.: _____

Are the Parents Virtus Trained: Yes/No

Interested in becoming Virtus Trained, to help with the children: Yes/No

Place of Birth: _____ State: _____ Zip: _____

Date of Baptism: / / Church: _____ City/State/Zip _____

Reconciliation/Eucharist _____ Church: _____ City/State/Zip: _____

ALL - Photo release:

By marking YES you DO give permission for your child (ren)'s image and name to be used.

By marking NO you DO NOT give permission YES _____ NO _____

Fee per child is \$35. Additional fee for 1st Eucharist is \$35 = Total \$70

Registered/PAID - AMOUNT: \$ _____ Cash: _____ Ck # _____ Date: / /