

St. William's C.RE.ED (Pre-K -8th Grade) Registration

2300 Frederica Rd. SSI, GA 31522 PowerNancy@comcast.net (912) 638-2651

SCHOOL YEAR _____ GRADE IN SCHOOL (Circle): **K - 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8**

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: () _____

Student Cell Number: () _____ Student E-Mail: _____ School Attends: _____

Emergency Contact: Name: _____ Phone Number: () _____

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

Are you registered at St. Williams? YES/NO. If not please also fill out (COMPLETELY) parish registration form. Family must be registered at St. William to receive sacraments.

Are the Parents Virtus Trained: Yes/No

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

COMMUNION (2nd Grade) REGISTRATION

A COPY OF CHILD'S BAPTISMAL CERTIFICATE, (MUST HAVE)

(Even if baptized at St. William's Church) Baptized at St. William: _____ YES _____ NO _____

**** The Diocese of Savannah has as its guideline that all children preparing for First Reconciliation and First Communion have two years of preparation time.*

Date of Birth: ____/____/____

Place of Birth: _____ State: _____ Zip: _____

Date of Baptism: ____ / ____ / ____

Church of Baptism: _____ Address: Street _____

City _____ State _____ Zip _____

Godparents: _____

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 \$50 for 1, \$95 for 2, \$140 for 3 or more students,
and an additional \$40 fee for First Communion**

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