

ST. WILLIAM CATHOLIC CHURCH
2300 Frederica Rd., St. Simons Island, GA 31522
(912) 638-2651 – religioused@stwill.net - stwill.net

C.RE.ED and C.I.A Registration (1 form per child)

CREED/CIA = \$50 per child, additional \$35 per child for Communion in 2nd grade and Confirmation in 9th+

Children's Religious Education K - 8 grades, Catholics in Action 9-12th grades
(Please include a copy of your child's **Birth and Baptismal Certificate** to receive the Sacraments of Eucharist or Confirmation)

PLEASE PRINT CLEARLY

School Year: _____ School Attends: _____ Grade: ____ Date of Birth: _____ Age: ____ M: ____ F: ____

Child's Name: First: _____ Middle: _____ Last: _____

Address: Street: _____ City: _____ St. _____ Zip: _____

Mother's Full Name: (Maiden): _____

Father's Full Name: _____

Main Cell: _____ Mother: _____ Father: _____ Teenagers: _____

Main Email: _____ Teenagers: _____ Alternate: _____

Special Concerns – allergies, educational, dietary, etc. _____

Emergency Contact/Relationship: Name: _____ Number: _____

Sacraments child has received: Baptism: _____ Reconciliation: _____ Communion: _____ Confirmation: _____

SACREMENTAL INFORMATION:

Child's Place of Birth: _____ Child's Place of Baptism: _____

Church of Baptism and address: _____ Date of Baptism: _____

Godparents: _____ Sponsor(s): _____

(Your child must be baptized prior to receiving Holy Communion/Confirmation. You also must be registered with our parish to receive sacraments.)

Field Trip Permission (High School)

I hereby grant permission for my youth listed above to attend planned outings/events. Dates are to be determined. Person(s) in Charge: Nancy Power. Transportation will be by private vehicle or bus. PARENT INITIAL:

Liability Release

I agree on behalf of myself, my minor dependent named herein, our heirs, successors, and assigns, to hold harmless and defend St. William Church and the Diocese of Savannah, its officers, directors, employees, agents, chaperones or representatives associated With the event from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors, employees, and agents, and the Diocese of Savannah, its employees, agents and chaperones, or representatives associated with the event for reasonable attorney's fees and expenses which they may incur in any action brought against them as a result of such injury or damage, unless such claim arises from negligence of the parish/Diocese. Further, I assume all responsibility for the conduct of my minor dependent during the above specified period of time. have read and understand the statement above. PARENT INITIAL:

Photo Release

Photographs and videos are often taken of youth activities sponsored by St. William Church, whether on parish property or elsewhere to publicize St. William Church events and functions. These photographs can appear together with their name on one of the following communication mediums: Diocese of Savannah websites and newspaper, the St. William parish website/Facebook, local newspapers, or other mediums.

I DO DO NOT give permission for my dependent child's picture & name to be published.

Signature of Parent of Guardian: _____ Date: _____

PAID: Amount: _____ Cash: _____ Check: _____ Date: _____