



The Church of Saint William

Registration for Faith Formation

Please contact Mike Casey with questions or
Colette Kruc for the Sunday Pre-School Program
at 763-571-5600 ext. 111.

6120 Fifth Street NE - Fridley, MN 55432

Please register by August 31st!

Today's Date: _____ 2023

Register before Aug. 31st – \$50/child
Registration after Aug. 31st - \$75/child

☐ I am a member of St. William's. ☐ I am not a member.

Parent/Guardian Names _____ Cell Phone _____

Email address(es)* _____ Cell Phone _____

*typical form of communication for updates, changes, reminders, cancelation notices, etc.

Address _____ City _____ Zip Code _____

Participating Child's Name (+ Last name if different)	M/F	Grade (This Fall)	Age	Name of School (This Fall)	Birthdate MM/DD/YY	Payment Information:	
						Before August 31st: Number of children registered _____ x \$50 each for books, supplies, materials, speakers. (Family max in this line is \$150)	\$ _____
						After August 31 st : Number of children registered _____ x \$75 each for books, supplies, etc. (Family max is \$175)	\$ _____
Sacramental Preparation Registration _____ 1 st Eucharist* _____ 1 st Reconciliation _____ Confirmation * Name Name Name *If your child was not baptized at St. Williams & is registering for 1 st Eucharist. or Confirmation., please provide their Baptism certificate.						Sacramental Preparation – no extra fee. Confirmation retreat fees due w/perm slip. \$ <u>0</u> Teacher/Assistant discount = 1 st child's fees waived \$ _____ Total \$ _____	
Photo and Medical Release: I _____ give permission to St. Williams and to anyone authorized by St. Williams to take and publish photos of myself and /or my child(ren) using still or motion photography for use by St. Williams including use on the St William's website and other publications. I understand and agree that St Williams may associate my or my child(ren)'s name with the photo. I _____ give permission to St. Williams and to anyone authorized by St. Williams to transport my child(ren) to a hospital and to receive emergency medical treatment if necessary. 911 will be called, and parents/guardians will be contacted at the numbers above.						How does your child(ren) best learn? What do they respond to best? _____ _____ _____	
I would love to help in the following ways: (Name:) _____ Catechist or Assist in _____ Grade (Wed. p.m./Sun. a.m.) _____ Teach Liturgy of the Word (Sun. 9 a.m.) _____ Youth Activities (help plan, or chaperone etc.) Gr _____ _____ Help with retreat for (1 st Communion, Reconciliation, or Confirmation) _____ Help with snacks - Gr. 1-8 Program ____ Conf. ____				Program Information: Pre-K Sunday School - 8:45-9:45 a.m. Grades 1-8 & Confirmation – Wednesdays 6:30-7:45 pm First Eucharist Retreat (one Sat. 9-12 noon) First Reconciliation Retreat (one Sat. 9-12 noon) Confirmation Retreats (2 day retreats)		Please let us know of any medical conditions, allergies, concerns, etc., regarding your child(ren): _____ _____ _____	