

St. William Parish Faith Formation

531 Common Street
 Walled Lake, MI 48390
 www.stwilliam.com

2021-2022 Religious Ed. Registration

Pre-School through 8th Grade
 Drop off or mail to Parish Office
 or email to kkaye@stwilliam.com

Guardian Contact Information

Name of person(s) responsible for children: _____

Your mailing address (street, city, zip): _____

Home Phone number: _____ Cell Phone#: _____

Your current E-mail address: _____

Are you a registered parishioner of St. William Parish? Yes No

Religious Education Class Sessions

Sunday PS&K 10:00 a.m. to 11:00 a.m.
 1st thru 8th 11:15 a.m. to 12:25 p.m.

Monday 6:15 to 7:30 p.m.: 1st thru 8th

EMERGENCY CONTACT (In case we cannot reach those listed above.)

Name: _____ Cell Phone #: _____

Name: _____ Cell Phone #: _____

Student(s) Information

Student's Name: First: _____ Last: _____

Grade 2021-22 _____ M _____ F **Session:** _____ Pre-S/K _____ Sun. _____ Mon.

Do you want this child prepared for a sacrament this year? Yes No (If yes, circle one.)

Baptism First Rec. & First Eucharist Confirmation

Are there medical and/or special needs? No (Please advise us if this changes.)

Yes (**Please explain on Medical Release form.**)

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St. William Office of Faith Formation 2021-2022 Term
Drop off or mail forms to Parish Office, or email to kkaye@stwilliam.com

I am able to volunteer as: ___ Catechist ___ Catechist Aid ___ Hall Monitor ___ Office Help

Contact Kim Kaye:

248-624-1371, ext. 345 or kkaye@stwilliam.com

Tuition payment options — Check one

1 Payment at time of registration _____

Pay in full first child \$200

___ additional children \$50 each \$ _____

\$10 Discount if paid before Aug. 15, 2021 -\$10

Total \$ _____

Ck#: _____

Date: _____

2 Online payments _____

You may also set up an account using Faith Direct to make electronic payment from your checking account or credit card. A Faith Direct link is available on our website, www.stwilliam.com. You can set up your payment plan or pay in full.

3 All children are welcome. _____

Check above If there is a financial need. Please contact Kim Kaye, 248-624-1371, ext. 345 for a confidential waiver.

PARENTAL PERMISSION - I grant permission for the minor(s) named herein to participate in the Religious Education Programs of St. William Catholic Church. I agree, for myself and the other minor(s) named herein, to abide by the rules and directives of the responsible program supervisors.

Parent Name

Parent Signature

Date signed

PHOTO PERMISSION - I understand that photographs are periodically taken at St. William Catholic Church PUBLIC events for the purpose of promoting, advertising, or historically archiving these events. Further, I understand that photographs may be posted on bulletin boards, in the Parish bulletin, on the Parish website, and on parish social media (Facebook, Twitter). I grant permission for photos of my minor(s) to be used only in the ways mentioned above

Agree/Approve

Disagree/Object

Parent Name

Parent Signature

Date signed