## **FAMILY REGISTRATION FORM**

FAMILY LAST NAME:	

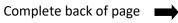
## **Saint William of York Catholic Church**

3130 Richmond Highway, Stafford, VA 22554

Phone: (540) 659-5705 Email: reoffice@swoycc.org

Website: swoycc.org

Parish Membership: Any family wishing to enroll their children in this Religious Education program <i>must be</i>							
registered members of St. William of York parish and live within the boundaries of the parish.							
Are you registe	ered with the parish?	☐ YES ☐	<b>N</b> O	☐ UNSURE			
PARISH	I ID#:		DAT	E REGISTERED:			
	CONTACT INFORMATION						
Address of Res	idence:			CITY	ZIP CODE		
Mailing Addres	S (if different from above):	P.O. Box #		CITY	ZIP CODE		
Home Phone:				N/A; do not use a landline - only cell			
Email Address	:						
Both Email and text messaging will be used to communicate important information. Please check email regularly.  If you prefer another form of communication, please list it here:							
FATHER ▼		DADENIT/C		N. INITORNALI CAL			
		PARENI/G	UARDIA	AN INFORMATION	<b>▼</b> MOTHER		
Name:				Name:			
	student:						
Relationship to	student:			Name:			
Relationship to	ber:			Name:			
Relationship to s  Cell Phone Numl  Cell Phone Provi	student:			Name:  Maiden Name:  Relationship to student:			
Relationship to some Cell Phone Number Cell Phone Provide Work Phone Number 1	student: ber: ider:			Name:			
Relationship to see Cell Phone Number Cell Phone Provide Work Phone Number Religion:	ber: mber: Roman Catholic □			Name:			
Relationship to see Cell Phone Number Cell Phone Provide Work Phone Number Religion:	student:  ber:  mber:	arriage? □YES □YES nt? □YES		Name:	Marriage? □YES □NO □YES □NO □YES □NO		
Relationship to see Cell Phone Number Cell Phone Provide Work Phone Number Religion:	ber:  der:  mber:  Roman Catholic  Married; Catholic Ma Separated?  Divorced; Single pare  Remarried?	arriage?	□ NO □ NO □ NO □ NO	Name:	Marriage? UYES UNO UYES UNO UYES UNO		
Relationship to see Cell Phone Numle Cell Phone Proving Work Phone Num Religion:	student:  ber:  der:  mber:  Roman Catholic  Married; Catholic Ma  Separated?  Divorced; Single pare  Remarried?	arriage? □YES □YES nt? □YES □YES	□NO □NO □NO □NO □NO	Name:	Marriage?		



## FAMILY REGISTRATION FORM

- **Both Sunday and Wednesday**
- **Wednesday Only**

FAMILY LAST NAME:	

The Religious Education Program consists of eight (8) academic years of instruction, from Grades 1 through 8 (Kindergarten is optional). Since each succeeding year builds on information provided during the previous year(s), it is imperative and expected that children attend all 8 years. The course of instruction prepares children for the Sacraments of Penance, First Holy Communion and Confirmation. Parents are the primary teachers of their children and their involvement in the religious education of their children is essential.

Out-of-Cycle Sacramental Preparation Classes are held on Wednesday evening. All other classes are only offered on Sundays. Our Mass and class schedules have been devised in such a way to allow children to attend Mass with their families. A child's participation in Religious Education class does NOT fulfill their Sunday Mass obligation. It is suggested that those who attend the 8:45 AM Session could attend the 10:30AM Mass while those who attend the 10:45 AM Session could attend the 12:15 Mass.

STUDENT REGISTRATION INFORMATION						
	NAME OF CHILD (include LAST NAME if different from FAMILY name)	or last grade completed	RE GRADE requested	Select your preferred CLASS SESSION NOTES		
1	,			SUNDAY (K - 6)  8:45 AM - 10:00 AM  10:45 AM - 12:00 PM  SUNDAY (7 - 8) 6:00 PM - 7:30 PM  WEDNESDAY 6:00 - 7:30 PM		
2				□       SUNDAY (K - 6)         8:45 AM - 10:00 AM       10:45 AM - 12:00 PM         □       SUNDAY (7 - 8)       6:00 PM - 7:30 PM         □       WEDNESDAY 6:00 - 7:30 PM		
3				□       SUNDAY (K - 6)         8:45 AM - 10:00 AM       10:45 AM - 12:00 PM         □       SUNDAY (7 - 8)       6:00 PM - 7:30 PM         □       WEDNESDAY 6:00 - 7:30 PM		
			CUSTC	ODY INFORMATION		
This child(ren) resides with: Both birth parents Mother only Father only Mother/Stepfather Stepmother/Father  List any person who SHOULD NOT be allowed to pick up this child:  Is there a custody arrangement that will affect class attendance? YES NO  *** If Parents of above listed child(ren) are DIVORCED, BOTH parents must sign this form giving permission for child(ren) to attend our program. This is mandated by the Diocese of Arlington.						
PRI	OTHER: INTED NAME: INATURE: DAY'S DATE:					
PRINTED NAME OF PERSON COMPLETING THIS FORM:						
	TUITION & PAYMENT REC			PAYMENT IN FULL IS REQUIRED at time of registration		
	OFFICE USE ONLY: Tuition 8 80/1 child enrolled 8145/2 children enrolled 8200/3+ children enrolled 8100 1st year online / \$20. V			yment Method:              □ CASH (Receipt #)             □ CHECK (#)             □ CREDIT CARD ()            MOUNT PAID:         \$   Received by:		
Date Completed Form Received: / / Date Entered in System: / / Entered by:						