

2018/19 REGISTRATION FORM FOR GRADES 1-9

Please print the information for each child you are registering and return by JUNE 30, 2018. Call the office if interested in kindergarten registration.

The **Grade 9** program choice is **Sunday only**.

Do **Not** register students entering **Grade 10** on this form.

FAMILY INFORMATION

Father's Name _____ Cell No. _____ Work No. _____

Mother's Name _____ Cell No. _____ Work No. _____

Mail will be addressed to "Mr. & Mrs. (Father's Name)" unless you tell us otherwise _____

Mailing address _____

Primary Phone No. _____ **Emergency Contact** (Name & Phone No.) _____

Email: _____

VOLUNTEER INFORMATION Volunteers are essential to our program. Please indicate where you will help when your child attends class.

- Teacher for Grade _____
- Teacher's Assistant for Grade _____
- Babysitter at school 10:15 a.m. _____ 4:30 p.m. _____
- Hall Monitor 10:15 a.m. _____ 4:30 p.m. _____ 7 p.m. _____
- Clerical at school 10:15 a.m. _____ 4:30 p.m. _____ 7 p.m. _____
- Traffic Safety 10:15 a.m. _____ 4:30 p.m. _____ 7 p.m. _____

STUDENT'S INFORMATION.....**Grade 9** students register for **SUNDAY only**.....Do **NOT** register **Grade 10** students on this form

First Name	Last Name	DOB	Rel. Ed Grade 2018/19	School Grade 2018/19	Circle day you want (2 choices)		Sacraments Received (Check if Yes)		
					Sun., 1 st Choice	Mon., Tues., Home 2 nd Choice	Baptism	Penance	1 st Communion
_____	_____	_____	___	___	S M T H	S M T H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	___	___	S M T H	S M T H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	___	___	S M T H	S M T H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	___	___	S M T H	S M T H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have any of these children ever been enrolled in religious education? Yes (Complete the following information) No

Child _____ When _____ Where _____ Grade Completed _____
 Child _____ When _____ Where _____ Grade Completed _____
 Child _____ When _____ Where _____ Grade Completed _____

Do any of your children have disabilities the teacher should know about? Explain briefly. This information will be kept confidential.

Child's Name _____

Are you a registered member of St. William's Yes No (If No, where are you registered?) _____

TUITION:

Tuition **Weekly** Program (Grades 1-8) and **Home** School Program (Grades 3-8): 1 child: \$110.00 2 children: \$185.00 3 or more children: \$200.00
 Tuition **Grade 9** Sunday Program: \$125.00 **Grade 2 First Communion Fee: \$30.00**
 Payment is due at time of registration. If you are experiencing financial difficulties, call the office to arrange an individual payment plan.

Office Use Only Amount Paid: _____ Date Registered: _____