

2021/22 REGISTRATION FORM FOR GRADES 1-8

Please print the information for each child you are registering and return by JUNE 30, 2021.

Do **Not** register students entering **Grade 9** or **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 Do **NOT** register **Grade 9** or **Grade 10** students on this form

First Name	Last Name	DOB	Rel. Ed Grade 2021/22	School Grade 2021/22	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

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: _____