



SAINT WILLIAM PARISH
RELIGIOUS EDUCATION PROGRAM
 2600 N. Sayre, Chicago, IL 60707
 darchacki@archchicago.org
 (773) 637-6565

REGISTRATION FORM

FATHER'S FIRST & LAST NAME _____

MOTHER'S FIRST & LAST NAME _____

ADDRESS _____ APT# _____

CITY _____ STATE _____ ZIP CODE _____

CELL PHONE # _____ EMAIL _____

EMERGENCY CONTACT _____

First & Last Name, Phone Number

PLEASE CHECK ONE:

Child lives with: Both Father Mother Legal Guardian

If parents are separated, does the other parent have legal access to the child? Yes No

| CHILD'S FIRST & LAST NAME | PLACE & DATE OF BIRTH (M/D/Y) | GRADE | BAPTISM YES/NO | FIRST COMMUNION YES/NO |
|------------------------------|-------------------------------------|-------|-------------------|------------------------------|
| 1. | _ / _ / _ | | | |
| 2. | _ / _ / _ | | | |
| 3. | _ / _ / _ | | | |
| 4. | _ / _ / _ | | | |

*St. William Parish reserves the right to use photos of masses/class time to promote religious education.
 Names of students will never be listed with photos.*

 PARENT/GUARDIAN SIGNATURE

 DATE

 REP REPRESENTATIVE

