



SAINT WILLIAM PARISH
RELIGIOUS EDUCATION PROGRAM
 2600 N. Sayre, Chicago, IL 60707
 darchacki@archchicago.org
 (312) 647-5822

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

TUITIONS: (minimum payment required at the registration /non-refundable/ - \$50)

- 1 Child \$ 180.00
- 2 Children \$ 280.00
- 3 or more Children \$ 420.00

SACRAMENTAL FEE:

- **First Communion** \$ 100.00 Baptismal Certificate _____ Y/N
- **Confirmation** \$ 100.00 Baptismal Certificate _____ Y/N
First Communion Certificate _____ Y/N

SUBTOTAL: \$ TUITION _____ + **SACRAMENTAL FEE** _____ = \$ _____

SCHOOL YEAR: _____

How many years in the Program: _____

Date	Amount	Cash / Check	Balance	Notes/Receipt Number