

Saint William of York Catholic Church

3130 Richmond Highway
 Stafford, VA 22554
 540-659-5705 reoffice@swoycc.org
 Fr. Robert DeMartino, *Pastor*
 Dean E. Checknita, *Coordinator of Religious Education*

NEW STUDENT REGISTRATION FORM

Religious Education Program

STUDENT INFORMATION			
NAME:		Nickname:	
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth:	Age:
Place of Birth:		Grade in Public School:	

If there is any information about your children we need to know, such as reading below grade level, custody issues that may affect attendance, learning disabilities (ADD, ADHD), language problems, physical impairment (including hearing or visual difficulties), allergies, asthma, etc., **OR** any change in **FAMILY** dynamics (birth of a sibling, moving, separation, divorce, deployment, legal custody case, illness, bereavement, repeating a grade in school) that may affect your child's attitude or performance please annotate it on the back of this sheet. **(This information will be kept confidential)** MAY USE BACK OF SHEET IF NEEDED

PRIOR PARISH & RELIGIOUS EDUCATION INFORMATION
<p>Name of Last Parish attended:</p> <p>_____</p> <p style="text-align: center;">City State</p> <p>Was this student enrolled in the Religious Education Program at the above parish during the prior school year?</p> <p><input type="checkbox"/> Yes, What grade? _____ <input type="checkbox"/> N/A (just now reaching enrollment age)</p> <p><input type="checkbox"/> No What was the last grade this child attended? _____</p>

SACRAMENT INFORMATION		
A COPY of ALL SACRAMENTAL CERTIFICATES is REQUIRED at time of registration		
Sacraments Received	Name of Church, City, State	(FOR OFFICE USE ONLY)
Baptism <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Certificate On File <input type="checkbox"/> Need Copy
Penance <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Certificate On File <input type="checkbox"/> Need Copy
Eucharist <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Certificate On File <input type="checkbox"/> Need Copy
Confirmation <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Certificate On File <input type="checkbox"/> Need Copy

Date Completed Form Received: / /	Date Entered in System: / /	Entered by:
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