

St. Andrew the Apostle Faith Formation Registration Form

Family (Last) Name: _____ Head of Household First Name: _____

Family Address: _____ City: _____ Zip: _____

Best Phone No. to reach the family: _____ Best email to reach the family: _____

Family Members <small>(one line for each member)</small>		Contact Information		Specify Age Group					Pick Formation Day		
Name	Title /Role	Cell Number	Email	Adult Formation (✓)	School-age Student (list grade)	0-5Age Program with parent (list age)	0-5 Age Nursery (without parent)	*Need Sacramental Prep? (Y/N)	Sunday Mornings - 10:30 AM-Noon	Wednesday Evenings 6:30-8:00 PM	Dinner Wednesday Evening at 6:00 PM (optional)
First (and Last, if different than above)	(Father, Mother, Daughter, Son, Step-Parent, etc.)	please include area code	please print clearly	(✓)	(grade)	(age)	(age)	(Y/N)	(✓)	(✓)	(✓)
1.											
2.											
3.											
4.											
5.											
6.											

Please use a second form if more slots are needed

***If enrolling a child for First Reconciliation/First Eucharist one parent MUST attend, please indicate which parent will be attending with a ✓.**

For Office Use ONLY

Payment Amount: _____

Check Number: _____ Cash: _____

	No. of People	Cost per person	Total
One Child Only Enrolled	1	\$100	
More than One Child Enrolled		\$80	
Adult Enrolled		FREE!	
Total (not to exceed \$350)			

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MAKE IT POSSIBLE!

It takes many people to make our events successful, and we need your help. We ask for your assistance in any way possible. Please use the signup below, or contact us directly, as to your availability/interest.

	√	Sunday	√	Wednesday	Volunteer Name
Kitchen Crew, once a month		8:30-9:30 AM		5:00-6:00 PM	
Kitchen Clean-up, once a month		11:00-11:30 AM		6:30-7:00 PM	
Nursery, during class time, once a month		10:45-Noon		6:30-8:00 PM	
Catechist, every session		10:45-Noon		6:30-8:00 PM	
Leader/Aide, every session		10:45-Noon		6:30-8:00 PM	
Office Work (once a month, during office hours)		Morning M – T – W – H - F (circle day)		Afternoon M – T – W – H - F (circle day)	
Chaperones for off-site event (3 hour each)		TBD		TBD	
Other:					

PARENTAL CONSENT STATEMENT

I hereby consent to participation by my son/daughter, _____ in the St. Andrew Catholic Church Faith Formation Program for the academic year 2016-2017. I understand that this program will take place on the parish grounds and that my son/daughter will be under the supervision of the authorized parish personnel.

Signature _____ Date: _____

PHOTOGRAPHY CONSENT STATEMENT

I grant permission for my child to be photographed and/or videotaped during St. Andrew activities and events. I understand that my child may decline to be photographed and/or videotaped at any time. I further grant permission for the resulting photographs and/or videotaped footage to be edited, if necessary, and then published and/or broadcast for the purpose of promoting St. Andrew Catholic Church and NO NAMES or private information will be published.

I DO consent to the above _____ I DO NOT consent to the above _____

Signature _____ Date: _____