

Main Family Contact Email:

# Children Coming to Christ

Parent/Guardian Contact  
Information:

Please Print Clearly

2017-18

<u>Name</u>				
<u>Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	
<u>email</u>	<u>cell phone</u>	<u>St. Andrew Parishioner?</u>	Yes	No

**Tuition is:**  
\$100.00 for one child  
or  
\$80.00 per child if more  
than one child is registered.

**Payment Plans**  
A) One time payment by  
cash, check or money order  
  
B) 1/2 of payment by cash,  
check or money order now  
and then 1/2 due April 15  
  
C) Total Payment divided  
by months until June 1, by  
cash, check or money order

<u>Name</u>				
<u>Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	
<u>email</u>	<u>cell phone</u>	<u>St. Andrew Parishioner?</u>	Yes	No

<u>Child</u>		<u>Grade Level</u> 2017-18	<u>Year, Church, Type of Church &amp; Location Sacraments Were Received</u>		
<u>First Name</u>	<u>Last Name</u>	<u>3-12</u>	<u>Baptism</u>	<u>Reconciliation</u>	<u>Communion</u>

Does your child(ren) have a full time aide at school? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child(ren) have a learning disability? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list the child's name & please explain their needs.

Is your child(ren) on any medication? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list the child's name & their medication:

Have you Turned in a 2017-18 Medical Form to St. Andrew the Apostle Catholic Church for your child(ren)?

Yes \_\_\_\_\_ No \_\_\_\_\_

### **Parental/Guardian Permission**

I hereby consent to participation by my son/daughter, \_\_\_\_\_

in the St. Andrew Catholic Church Children Coming to Christ Program. 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 \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_

(name)

(phone no.)