

St. Andrew Christian Formation

Registration Form 2010-2011

FAMILY/LAST NAME: _____ NEW FAMILY: _____ FRESHMEN: _____

PRIMARY MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

Number of students from family being registered: _____ (New Family: Please list students from youngest to oldest)
(Freshmen: For families that have current registered children, you can provide the freshmen information only).

FIRST CHILD

Last Name	First	Middle	Birth Date

School	Academic Grade	Religious Grade

Is this child baptized? Yes No If so, what denomination? _____

When _____ (Exact Date) Where _____ (Church, City and State)

Indicate other sacraments this child has received:

First Reconciliation _____
Date, Church, City, State

First Communion _____
Date, Church, City, State

Confirmation _____
Date, Church, City, State

SECOND CHILD

***Copies of the Sacrament certificates are required at registration.**

Last Name	First	Middle	Birth Date

School	Academic Grade	Religious Grade

Is this child baptized? Yes No If so, what denomination? _____

When _____ (Exact Date) Where _____ (Church, City and State)

Indicate other sacraments this child has received:

First Reconciliation _____
Date, Church, City, State

First Communion _____
Date, Church, City, State

Confirmation _____
Date, Church, City, State

***Copies of the Sacrament certificates are required at registration.**

FAMILY BACKGROUND

Student(s) live with: Mother Father Both Parents Other—Explain below*

Birth Mother: _____

Birth Father: _____

Address: _____

Address: _____

City/State/Zip: _____

City/State/Zip: _____

Home Phone: _____

Home Phone: _____

Cell: _____

Cell: _____

Place of Employment: _____

Place of Employment: _____

Work Phone: _____

Work Phone: _____

E-mail: Parents—Do you check your email every day? _____

Can we email you with announcements, information and/or cancellations? _____

Email Address: _____

Email Address: _____

Email Address: _____

I'd prefer regular mail or a phone call _____

Please check your status:

Single Engaged Married Widowed Cohabiting

Married Civilly Divorced Separated Remarried Civilly

Date of Marriage _____

Location of Marriage _____

Has either you or your spouse been in a previous marriage? YES NO

Please check your status:

Single Engaged Married Widowed Cohabiting

Married Civilly Divorced Separated Remarried Civilly

Date of Marriage _____

Location of Marriage _____

Has either you or your spouse been in a previous Marriage? YES NO

MASS ATTENDANCE:

Do you attend Sunday Mass? Weekly Monthly Rarely Never

Do your children attend Sunday Mass? Weekly Monthly Rarely Never

***ADDITIONAL INFORMATION:** Is there anything we should know about your child(ren) in order to better serve their needs? (e.g. learning disabilities, attention deficit and/or hyperactive disorders, change in family life, deaths, family background etc.)

Medical Release and Parent Acknowledgement

2010-2011

The following information must be completed before classes begin.

CHILD NAME _____

Medical Information (allergies, etc. of which we should be aware) _____

Where can you be reached during Religious Education? _____ Phone # _____

Emergency Contact/Phone # _____

In the event of an emergency where the parent cannot be reached the child will be taken to the nearest medical facility. I (we) authorize any representative of St. Andrew's to seek medical treatment for my child.

PARENT/GUARDIAN SIGNATURE _____

PRINT PARENT NAME _____ DATE _____

PARENT COMMITMENT: Please read and initial each section below:

_____ I/We understand that religious, spiritual formation of the family takes place when we gather as a Catholic community to worship. As part of my responsibility for the religious education of my children, I commit that my family will regularly attend Sunday Mass.

_____ I/We understand that it is my responsibility to familiarize myself with the policies, procedures and session dates for the Christian Formation program in which I am registering my child/ren. I commit to making sure that I receive a copy of the Student/Parent Handbook published by the Christian Formation Committee at the beginning of the program year. I understand that the policies and dates are subject to change upon written notification by the Christian Formation Committee.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

PUBLICITY RELEASE/PHOTOS: From time to time, publicity releases for newspapers, television and other media may be prepared about events occurring at the parish. These may or may not be accompanied by photos or videotape of students. The releases may be prepared by St. Andrew Parish or a media representative.

I do _____ do NOT _____ give permission for my student(s) name and likeness to be included in such publicity releases.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

VOLUNTEERS

Family Name _____

Parents: Your participation is required as volunteers are the core of our Religious Formation program. We need you. Please indicate how you will help.

- Catechist Teacher
 Catechist Aide
 Substitute Catechist
 Bake, set up for meetings, fund raisers
 Projects
 Prayer Services

Fee Schedule - Fees are due at registration. Thank you.

Registration - discount is offered at the 3rd child

K-11	Child's Name -List all	Grade	Fee
1st child			\$50.00
2nd child			\$50.00
3rd child			\$0
4th child			\$0
5th child			\$0
1 Registration			↑

Totals from left column	
Registration	1 \$
Activity Fee	2 \$
Non-Parishioner	3 \$
Family Total	\$

Activity Fee

K-11	Child's Name- List all	Grade	Fee
1st child			\$20.00
2nd child			\$20.00
3rd child			\$20.00
4th child			\$20.00
5th child			\$20.00
2 Activity			↑

Non-Parishioner Fee

To register, please go to the parish website www.standrew-delavan.com

PARENT FINANCIAL COMMITMENT:

I/We as parents of the child/ren registered in the St. Andrew Christian Formation program understand that we have a responsibility to provide for the adequate financial support of this parish program. I/We commit to providing 6 hours of volunteerism to support the fund raising effort that assists in generating the funds, in addition to the registration fees, to support the Christian Formation budget.

Parent/Guardian Signature _____ Date _____

I am able to pay the full amount. \$ _____ Check # _____ Cash _____

I am unable to pay the full amount. \$ _____ Check # _____ Cash _____

The above payment is partial. I pledge to pay the balance on a per week or month basis.

Balance \$ _____ \$ _____ weekly amount \$ _____ monthly amount

Signed _____ Date _____

No child will be denied participation in our program due to the inability to pay the fees.

Please contact me about confidential financial assistance.

Signed _____ Date _____ Phone _____