

For Parish Use

Family ID#

St. Andrew the Apostle Roman Catholic Parish

2023-2024 RELIGIOUS EDUCATION REGISTRATION FORM

(FOR ALL STUDENTS – NEW AND RETURNING)

Date: ____ / ____ / ____

To register a child in the Religious Education Program at St. Andrew the Apostle, his or her family must be registered with the Parish. If your family is not registered or if you are unsure, please contact the office staff.

Parent(s)/Guardian: _____

(Father's First/Middle/ Last Name)

(Mother First/Middle/ Maiden)

Child lives with: ☐ Mother ☐ Father ☐ Both ☐ Other: _____

Address: _____

Father Cell: _____ Mother Cell: _____

Father email: _____ Mother email: _____

Mass regularly attended: ☐ Saturday 5:00PM ☐ Sunday 8:00 AM ☐ Sunday Noon
☐ Saturday 6:30 PM ☐ Sunday 10:00 AM ☐ Sunday 5:00 PM

If your child(ren) received Sacraments at a parish other than St. Andrew's, you must include a copy of their birth and baptism certificates, and First Communion certificate (if applicable).

Child's Name: _____ Date of Birth: ____ / ____ / ____ Age: ____
(First) (Middle) (Last)

Current School: _____ Grade in Fall 2023: ____

Allergies or special needs: _____

Check Sacraments Received: ☐ Baptism Parish: _____
☐ 1st. Confession Parish: _____
☐ 1st. Communion Parish: _____

CGS (ages 3-6) on Sundays 8:30-9:45 ☐ OR Thurs. 10-11:30 ☐

First Communion (2nd Grade) from 5:00-6:30 PM on Wednesdays ☐ OR Thursdays ☐

Gds. 3-5 on Sundays 8:30-9:45 ☐ Sacrament Preparation Grades 4-8 on Sunday 8:30-9:45 ☐

Gds. 6-8 Tuesdays 5-6:30 PM ☐ Confirmation Gds. 9+10 Mondays 7-8:15 PM: Year 1 ☐ Year 2 ☐

Child's Name: _____ Date of Birth: ____ / ____ / ____ Age: ____
(First) (Middle) (Last)

Current School: _____ Grade in Fall 2023: ____

Allergies or special needs: _____

Check Sacraments Received: ☐ Baptism Parish: _____
☐ 1st. Confession Parish: _____
☐ 1st. Communion Parish: _____

CGS (ages 3-6) on Sundays 8:30-9:45 ☐ OR Thurs. 10-11:30 ☐

First Communion (2nd Grade) from 5:00-6:30 PM on Wednesdays ☐ OR Thursdays ☐

Gds. 3-5 on Sundays 8:30-9:45 ☐ Sacrament Preparation Grades 4-8 on Sunday 8:30-9:45 ☐

Gds. 6-8 Tuesdays 5-6:30 PM ☐ Confirmation Gds. 9+10 Mondays 7-8:15 PM: Year 1 ☐ Year 2 ☐

Child's Name: _____ Date of Birth: ____/____/____ Age: ____
(First) (Middle) (Last)

Current School: _____ Grade in Fall 2023: ____

Allergies or special needs: _____

Check Sacraments Received: ☐ Baptism Parish: _____
☐ 1st. Confession Parish: _____
☐ 1st. Communion Parish: _____

CGS (ages 3-6) on Sundays 8:30-9:45 ☐ **OR** **Thurs. 10-11:30** ☐

First Communion (2nd Grade) from 5:00-6:30 PM on Wednesdays ☐ **OR** **Thursdays** ☐

Gds. 3-5 on Sundays 8:30-9:45 ☐ **Sacrament Preparation Grades 4-8 on Sunday 8:30-9:45** ☐

Gds. 6-8 Tuesdays 5-6:30 PM ☐ **Confirmation Gds. 9+10 Mondays 7-8:15 PM: Year 1** ☐ **Year 2** ☐

PARENT(S) / GUARDIAN(S) AGREEMENT

I understand that it is important for my child to attend Religious Education sessions regularly, to gain a consistent, thorough understanding of the faith and teachings of the Roman Catholic Church. Therefore, I agree to send my child to St. Andrew's Religious Education sessions each week, and that I will send a note of explanation for any unavoidable absences. I also understand that my child can only be released to a parent/guardian, and that I must pick my child up within fifteen (15) minutes after being released from class.

Furthermore, I understand that St. Andrew Roman Catholic Parish is a full compliance safe environment community and conducts age specific safe environment training during classes in accordance with the Diocese of Tucson Policies.

I also agree to support the efforts of my child's teacher, perform volunteer service, and accept my baptismal responsibility of being the primary catechist/educator of my child. I am/We are willing to help in the following capacity:

____ Assistant Catechist or Aide at the ____ grade level ____ St Nick's Fair (*December*)
____ Sacraments Retreat helper (*February*) ____ Annual Christmas Program
____ Youth Ministry (EDGE, Life Teen)

Emergency Contact: (A person other than the child's parent/guardian)

Name: _____ Phone: _____

Email Address: _____ Relationship: _____

In case of an emergency or illness and neither parent can be reached, do you authorize the Director of Religious Education or staff member to act if medical assistance is necessary? ☐ **Yes** ☐ **No**

I/We have read and understand the above information:

Print Name: _____

Print Name: _____

Signature: _____

Signature: _____