For Parish Use

Date: ____ / ____ / ____

St. Andrew the Apostle Roman Catholic Parish

2024-2025 RELIGIOUS EDUCATION REGISTRATION FORM Family ID#

(FOR ALL STUDENTS – NEW AND RETURNING)

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:		
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:		
Current School:Grade in Fall 2024:		
Allergies or special considerations:		
Check Sacraments Received: Baptism 1st Confession Parish: 1st Communion Parish: CGS (PreK/K/1st) on Sundays 8:30:9:45		
Child's Name: Date of Birth:/Age:		
Current School:Grade in Fall 2024:		
Allergies or special considerations:		
Check Sacraments Received: Baptism Parish:		
CGS (PreK/K/1st) on Sundays 8:30:9:45 OR Tues. 10-11:30 First Communion (2 nd Grade) from 5-6:30 PM on Tuesdays OR Wednesdays		
Sacrament Preparation Grds. 4-8 on Sunday 8:30-9:45 3 rd -4 th -5 th on Sundays 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:	
Child's Name: (First) (Middle)	(Last)	
Current School:	Grade in Fall 2023:	
Allergies or special needs:		
1 st . (tism Parish: Confession Parish: Communion Parish:	
CGS (PreK/K/1st) on Sundays 8:30:9:45 OR Tues. 10-11:30 First Communion (2 nd Grade) from 5-6:30 PM on Tuesdays OR Wednesdays		
Gds.6-8 Tuesdays 5-6:30 PM Cor	nfirmation Gds. 9+10 Mondays 7-8:15 PM: Year 1 Year 2	
PARENT(S) / GUARDIAN(S) AGREEMENT		
 ☐ I understand the importance of Sunday Mass and commit to attending Sunday Mass each week at St Andrew's or at another Catholic church unless illness prevents us. ☐ I understand that it is important for my child to attend Faith Formation classes regularly, and that I will send a note of explanation for any unavoidable absences. ☐ I understand my responsibility to bring my child on time and pick my child up within 15 minutes after being released from class. ☐ I accept my baptismal responsibility of being the primary religious education teacher of my child, supported by the Church. ☐ I understand that St. Andrew's is in full compliance with the Diocese of Tucson safe environment policies and that we will conduct age-specific safe environment training during classes. I am/We are willing to help in the following capacity: ☐ St Nick's Fair (December) ☐ Assistant Catechist or Aide at the ☐ grade level ☐ Christmas Play (Nov / Dec) ☐ Youth Ministry (EDGE, Life Teen) ☐ Sacraments Retreat helper (February) 		
Emergency Contact: (A person other than the child's parent/guardian)		
Name:	Phone:	
Email Address:	Relationship:	
	neither parent can be reached, do you authorize the Director of o act if medical assistance is necessary? Yes No	
I/We have read and understand the above information:		
Print Name:	Print Name:	
Signature:	Signature:	