***St. Andrew the Apostle Roman Catholic Parish***

For Parish Use

Family ID#

**2023-2024 CATHOLIC FAITH FORMATION REGISTRATION FORM**

**(FOR ALL STUDENTS – NEW AND RETURNING)**

**Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_**

**In order to register a child in the Faith Formation 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mass regularly attended: Saturday 5:00PM Sunday 8:00 AM Sunday Noon

Saturday 6:30 PM Sunday 10:00 AM Sunday 5:00 PM

**ALL CHILDREN REGISTERING MUST SUBMIT A COPY OF THEIR BIRTH, BAPTISMAL AND IF APPLICABLE FIRST COMMUNION CERTIFICATE IF NOT ALREADY ON FILE AT THE CHURCH.**

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ Age: \_\_\_\_

(First) (Middle) (Last)

Current School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade in Fall 2023: \_\_\_\_

Allergies or special needs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check Sacraments Received: Baptism Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ Parish: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1st. Confession Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ Parish: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1st. Communion Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ Parish: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Confirmation Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ Parish: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**First Communion (2nd/3rd graders) class from 5:00-6:30 PM: \_\_\_Wednesdays [OR] \_\_\_\_Thursdays**

**CGS-1 (ages 3-6) Sundays: \_\_\_\_ 8:15-9:30 AM [OR] \_\_\_\_ 11:20 AM -12:40 PM** **[OR] \_\_\_ Thu.@11-12:30**

**Sacrament Preparation Grades 4-8 on Sunday 8:15-9:30 \_\_\_\_ Gds. 3-5 on Sundays 8:15-9:30**

**Confirmation-Mondays 7:00-8:15 pm: \_\_\_\_Year 1 \_\_\_\_Year 2 Gds.6-8 Tuesdays 5:00-6:30 PM**

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ Age: \_\_\_\_

(First) (Middle) (Last)

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Allergies or special needs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1st. Communion Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ Parish: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Confirmation Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ Parish: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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(First) (Middle) (Last)

Current School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade in Fall 2023: \_\_\_\_

Allergies or special needs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**PARENT(S) / GUARDIAN(S) AGREEMENT**

I understand that it is important for my child to attend Catholic Faith Formation sessions regularly, in order to gain a consistent, thorough understand of the faith and teachings of the Roman Catholic Church. Therefore, I agree to send my child to St. Andrew’s Catholic Faith Formation sessions each week, and that I will send a note of explanation for any unavoidable absences. I also understand that my 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/We am/are willing to help in the following capacity:

\_\_\_\_ Assistant Catechist at the \_\_\_\_ grade level. \_\_\_\_ Classroom aid/helper at the \_\_\_\_ grade level.

\_\_\_\_ Sacraments Retreat helper. \_\_\_\_ Annual Christmas Program

**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4/17/2023