

St. Andrew Christian Formation

Registration Form

2016-2017

FAMILY/LAST NAME: _____ NEW FAMILY: _____

PRIMARY MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

Number of students from family being registered: _____ (Please list students from youngest to oldest)

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

Last Name	First	Middle	Birth Date
School	Academic Grade	Religious Grade	

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

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: _____

Single Engaged Married Widowed Cohabitating

Single Engaged Married Widowed Cohabitating

Married Civilly Divorced Separated Remarried Civilly

Married Civilly Divorced Separated Remarried Civilly

Please check your status:

Please check your status:

Date of Marriage _____

Date of Marriage _____

Location of Marriage _____

Location of Marriage _____

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

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

*** 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.)

E-mail: Parents— E-mails are our preferred method of communication for general announcements or messages.

Note: In the event of an emergency or short notice cancellations you will receive a phone call. Please provide all phone numbers above.

Email Address: _____

Email Address: _____

Email Address: _____

Medical Release and Parent Acknowledgement

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 _____

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 _____

Mass Attendance:
Do you attend Sunday Mass?

Weekly Monthly Rarely Never

Do your children attend Sunday Mass?

Weekly Monthly Rarely Never

PARENT COMMITMENT: Please read and initial each section below:

_____/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.

_____/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 children. 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 _____

Fees are due at registration. Thank you.

REGISTRATION - discount is offered at the 3rd child				
K-11	Child's Name - List all	Grade	Fee	TOTAL
1st child			\$50.00	
2nd child			\$50.00	
3rd child			\$0	
4th child			\$0	
5th child			\$0	
ACTIVITY FEE - \$25.00 per child			Registration TOTAL	\$
K-11	Child's Name - List all	Grade	Fee	
1st child			\$25.00	
2nd child			\$25.00	
3rd child			\$25.00	
4th child			\$25.00	
5th child			\$25.00	
			Activity TOTAL	\$
NON-PARISHIONER FEE (if applicable)			\$20.00	\$
<i>To register as a parishioner, please go to the parish website: www.standrews-delavan.org</i>				
Add Fees for Registration, Activity and Non-Parishioner (if applicable)			FAMILY TOTAL	\$

PARENTS: Registration fees do not fully fund the Religious Education Program. In order to raise the money needed to educate our children in their faith, we run Bingo the first Friday of each month. We are asking each of our families to volunteer to help on Bingo nights. Please circle the date(s) that will best work for you. Please note, Bingo needs several ADULT volunteers. Children 10 and over can play if their parent is present. Thank-you for your help!

October 7, 2016
November 4, 2016

January 6, 2017
February 3, 2017

March 3, 2017
April 7, 2017

May 5, 2017
June 2, 2017

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 Program budget.

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: \$ _____ I will pay \$ _____ weekly \$ _____ monthly.

Please contact me about confidential financial assistance.

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

Signed _____

Date: _____