

PARENT/GUARDIAN INFORMATION

Parent/Guardian Names:	Home #	Work #	Cell #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Child lives with: Mother _____ Father _____ Both _____
 Custodial Parent _____ Other _____

Religion of Parent/Guardian (Optional): Mother _____ Father _____
 Other _____

Physician's Name: _____ Phone # _____
 Dentist's Name: _____ Phone # _____

In case of emergency (if we are unable to reach a parent/guardian), please list 2 names and phone #'s:

1. _____ _____
 2. _____ _____

VOLUNTEER OPTIONS: (Compliance with St. Andrew Parish Safe Environment Policy required. Call the Religious Ed. Office for more information at 451-2855).

Please see information included for descriptions of opportunities and sign-up.

It is my (our) desire to have my (our) child enrolled in the St. Andrew Parish School of Religion Program. I understand and agree with the content of this registration form. I hereby state, to the best of my (our) knowledge, my (our) answers to the above questions are complete and correct.

Parent's Name (Printed)

Parent's Signature

Parent's Name (Printed)

Parent's Signature

Date