PSR REGISTRATION FORM

Please mail completed form with check to:
St. Andrew Religious Education Office
4081 Reed Rd.
Columbus, Ohio 43220

Parish Membership Confirmed_____
Check Number_____
Amount Paid_____

Saint Andrew Parish School of Religion – Grades 1 – 8
2020 – 2021 Registration Form

Please circle the grade level your child will enter: ***1 2 3 4 5 6 7 8***

Student Name_____**M/F**
Last First MI

Parents' Name_____
Last First MI

Student's Birthdate_____ **Home Phone #**_____

Home Address_____ **Email** _____

City_____**State**_____**Zip Code**_____

Has your child attended religious education classes before? _____

Where?_____

School currently attending_____

Parish/Church registered and attending_____

SACRAMENTAL CELEBRATIONS

	(Yes/No)	Date/Parish/City/State
Baptism	_____	_____
Eucharist	_____	_____
Confirmation	_____	_____

SPECIAL NEEDS

Learning_____

Physical (allergies, medicine, other)_____

Other Comments_____

_____

_____

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 and Phone Number_____

Dentist's Name and Phone Number_____

In case of emergency (if we are unable to reach a parent or guardian), please list 2 names and phone numbers:

_____

_____

VOLUNTEER OPTIONS: (Compliance with St. Andrew Parish Safer Environment Policy required) Call Religious Education Office for more information.

I can help in the following ways:
_____catechist (training and support are available)
_____assistant in class with catechist (full time)
_____substitute catechist
_____create bulletin boards for display in religious education area
_____room parent (help with celebrations, special crafts, telephoning, preparing snack schedule)
_____help with reception for First Communicants (last day of PSR) *THIRD GRADE PARENTS ONLY*
_____help with Jesus Day *SECOND GRADE PARENTS ONLY*
_____help with Confirmation Retreat *EIGHTH GRADE PARENTS ONLY*
_____help with Confirmation Reception *SEVENTH GRADE PARENTS ONLY*

It is my (our) desire to have my (our) child enrolled in the St. Andrew Parish School of Religion. 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

_____
Date