Please mail registration and enrollment form with check to: Tina White, DRE St. Andrew Religious Education Office 1899 McCoy Road Columbus OH 43220

Parish Membership Confirmed	
Check Number	
Amount Paid	

## 2023-2024 St. Andrew Parish School of Religion – Grades K – 8 **REGISTRATION FORM**

Please circle the grade level y	your child will enter:	K 1	2	3 4	5	6	7	8	
Student Name									_ M/F
Last	Fir	st			Middle				
Parents' Name	Fir								_
Last	1 11	31							
Family Address		<del></del>		<del></del>					_
City									
Email Address				· · · · · · · · · · · · · · · · · · ·					
Student's Birthdate									
Has your child attended religion	ous education class	es before?	·						
Where?			· · · · · · · · · · · · · · · · · · ·						
School currently attending									
Parish/Church registered and	attending	<del></del>							
SACRAMENTAL CELEBRAT	TIONS								
(Yes/No)		ate/Parish	•						
Baptism Eucharist									
Confirmation									
SPECIAL NEEDS									
Learning		<del></del>							
Physical (allergies, medicine,	other)			<del></del>					
Other Comments		· · · · · · · · · · · · · · · · · · ·							
								ΟV	FR

## **PARENT/GUARDIAN INFORMATION**

Parent/Guardian Names:		Cell #	Work # 
Child lives with:	MotherCustodial Parent	Father Other _	Both
Religion of Parent	t/Guardian (Optional):	Mother	Father
Physician's Name	o:		Phone #
Dentist's Name: _			Phone #
2	TIONS: (Compliance v Education Office for n	with St. Andrew Paris	h Safe Environment Policy required.
I can help in the fo	ollowing ways:		
assistant insubstitute croom paren	raining and support are class with catechist atechist to the later with celebration as Day SECOND GR	ns, special crafts)	LY
Program. I under	stand and agree with t	he content of this reg	Andrew Parish School of Religion istration form. I hereby state, to the besons are complete and correct.
Parent's Name (P	rinted)	Parent	's Signature
Parent's Name (P	rinted)	 Parent	's Signature
Date:			