

**PLEASE RETURN THIS SIGNED FORM WITH ENROLLMENT
and REGISTRATION FORMS**

**St. Andrew Religious Education
614-451-2855**

YES, I have read the Parent Handbook online for St. Andrew Religious Education Program. I understand that I am responsible for and will abide by the information contained therein.

Name (please print)

Signature

Date

**Personally Identifiable Information Release Form
Parents' Consent for Release of Personally Identifiable Information**

The undersigned parents of _____, a member of the St. Andrew Religious Education Program, hereby consent to the release of photographs and name of the minor to be used by St. Andrew Parish for future promotional programs of St. Andrew Parish and the Diocese of Columbus. If you have any questions or concerns, please contact the Religious Education Office at 614-451-2855.

Parent's Name (Print)

Parent's Signature

Date

OVER

HARASSMENT POLICY VERIFICATION FORM

I, _____,
please print your name

(check all that apply)

- ☐ an employee of St. Andrew
- ☐ a volunteer at St. Andrew
- ☐ a parent/guardian of a youth participant
- ☐ a youth participant (grades 6-12)
- ☐ have received copies of the diocesan policy on harassment.

I understand that it is necessary that any complaint of harassment must be filed with the (a) program administrator, (b) pastor or (c) diocesan director of religious education. I have had an opportunity to read the policy and am confident I understand the content and purpose.

St. Andrew Religious Education

Name of parish and program

Your signature

Date: _____

Department of Religious Education
Catholic Diocese of Columbus

Adopted: 08/04