PLEASE RETURN THIS FORM WITH YOUR ENROLLMENT AND REGISTRATION FORMS

St. Andrew Religious Education

614-451-2855

YES, I have read the PSR Parent Handbook online for St. Andrew Religious Education Program. I am aware of and understand the contents of this Handbook. By acknowledging below, I have agreed to accept the policies, rules and regulations of St. Andrew PSR.

Name (Please Print)

Signature

Date

Personally Identifiable Information Release Form (Photo)
Parent's 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.

_____

Parent's Name (Print)

Parents' Signature Date

HARASSMENT POLICY VERIFICATION FORM

I, _____
Please print name

Check all that apply:
_____ an employee of St. Andrew
_____ a volunteer at St. Andrew
_____ a parent/guardian of youth participant
_____ a youth participant (grades 6-12)
_____ have received copies of the diocesan policy of harassment

I understand that it is necessary that any compliant or 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)

Signature Date