

Parish Membership Confirmed _____
Check Number _____
Amount Paid _____
Online Payment _____

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

Parish/Church registered and attending

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

Other Comments _____

OVER

PARENT/GUARDIAN INFORMATION

Parent/Guardian Names:

Cell #

Work #

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 & phone #'s:

1. _____

2. _____

VOLUNTEER OPTIONS: *Compliance with St. Andrew Parish Safe Environment Policy required.*

Call the Religious Education Office for more information at (614) 451-2855.

I can help in the following ways:

- _____ catechist (training and support are available)
- _____ assistant in class with catechist
- _____ substitute catechist
- _____ room parent (help with celebrations, special crafts)
- _____ help with Jesus Day **SECOND GRADE PARENTS ONLY**

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: _____