



**St. Andrew Catholic Church**  
**Faith Formation Preschool – 12th grade**  
**Registration 2016-2017**

**Please include information for your children in grades Preschool – 12 who will be attending our Faith Formation classes or Youth Group.**

*For 1<sup>st</sup> Reconciliation, 1<sup>st</sup> Communion, and/or Confirmation a meeting and an additional form is needed. Please call the parish office for more information.*

Registration & payment can be mailed to St. Andrew Catholic Church / ATTN Religious Education / 1401 Valley Ave / Sumner WA 98390, dropped off at the parish office, or placed in the collection basket at Mass. If you would like to make payments or request tuition assistance, please pay what you can and check the appropriate box in the fee section.

**Family Information** (Please print clearly.)

Family Last Name: \_\_\_\_\_ Total Number of Children Enrolling: \_\_\_\_\_

Street Address or P.O. Box Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Father's First & Last Name: \_\_\_\_\_

Father's work phone: \_\_\_\_\_ Father's cell phone: \_\_\_\_\_

Father's Email Address: \_\_\_\_\_ Father's Religious Affiliation \_\_\_\_\_

Mother's First & Last Name: \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

Mother's work phone: \_\_\_\_\_ Mother's cell phone \_\_\_\_\_

Mother's Email Address: \_\_\_\_\_ Mother's Religious Affiliation \_\_\_\_\_

If there is an alternate address/phone number where students may reside (as with separated parents or with a grandparent or guardian), please provide it so that information can be mailed there.

**If you are not a member of St. Andrew Parish, where are you registered?** \_\_\_\_\_

**Student Information**

Name of Child \_\_\_\_\_ Date of Birth: / /

Grade entering: \_\_\_\_\_ School attending: \_\_\_\_\_

Church, City and date of Baptism: \_\_\_\_\_

Name of Child \_\_\_\_\_ Date of Birth: / /

Grade entering: \_\_\_\_\_ School attending: \_\_\_\_\_

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Name of Child \_\_\_\_\_ Date of Birth: / /

Grade entering: \_\_\_\_\_ School attending: \_\_\_\_\_

Church, City and date of Baptism: \_\_\_\_\_

Family Last Name: \_\_\_\_\_

**Emergency Contact Information if Parents Cannot Be Reached:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship \_\_\_\_\_

Are there any people other than you who may pick up your child/ren from classes? Yes or No If yes, who?

Name \_\_\_\_\_ Relationship to child/ren \_\_\_\_\_

**Special Circumstances:**

Are there any child custody issues? Yes or No If yes, please provide pertinent info & documentation.

Are there any medical concerns such as medications being taken; food, insect, or medication allergies; ADD/ADHD; autism; hearing, speech, or language challenges; or other physical or psychological conditions we should be aware of? Please list child's name first and then information. Attach extra paper if needed.

**Volunteering – We need many regular & occasional volunteers!** We will contact you to discuss specific needs.

I will give my time & talent helping as:  Catechist (teacher)  Catechist assistant  
 Substitute catechist  Middle or High School team leader  
or I can help with:  Snacks (speak w/teacher)  class party donations (speak w/teacher)

**FEE INFORMATION**

Per Student Supply Fee for all students Grades Preschool - 12th: \$40.00

I would like to speak with someone about tuition assistance or payment plans: \_\_\_\_\_yes \_\_\_\_\_no

**Student Information:**

**Supply Fee**

Student First Name: \_\_\_\_\_ Grade: \_\_\_\_\_ \$ \_\_\_\_\_

Student First Name: \_\_\_\_\_ Grade: \_\_\_\_\_ \$ \_\_\_\_\_

Student First Name: \_\_\_\_\_ Grade: \_\_\_\_\_ \$ \_\_\_\_\_

Student First Name: \_\_\_\_\_ Grade: \_\_\_\_\_ \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

**Payments:**

Checks are payable to St. Andrew Parish.  
Please write "Faith Formation" on the memo line.

I have included full payment at this time \$ \_\_\_\_\_ Cash or Check number: \_\_\_\_\_

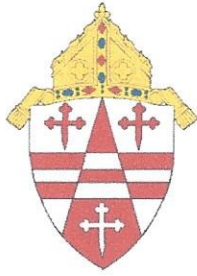
Or Payment Plan 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: / /

***Office use only:***

Paid \$ \_\_\_\_\_ Date \_\_\_\_\_ Cash or Check # \_\_\_\_\_



# Archdiocese of Seattle

## Photograph, Video/Sound and Image of Work Consent

Date: \_\_\_\_\_

From time to time, photographs and video/sound may be taken of youth ministry/parish/school events and gatherings. This may also apply to written composition or visual art (images of work).

St. Andrew Parish (name of Organization) would like to be able to use these photographs, videos/sounds and images of work for flyers, parish and diocesan publications, and the parish website. Written consent by the parent/guardian is required. If names are used, youths will only be identified by first names. If there are concerns about photographs, videos/sounds or images of work posted on the website, please contact St. Andrew Parish (name of Organization) and they will promptly be removed.

I, the parent/guardian of \_\_\_\_\_ (name of youth) authorize and give full consent, without limitation or reservation, to St. Andrew Parish (name of Organization) to publish any photograph, video/sound or image of work in which the above named youth appears while participating in any program associated with St. Andrew Parish (name of Organization). There will be no compensation for use of any photograph, video/sound or image of work at the time of publication or in the future.

If the youth and/or parent/guardian wish to rescind this agreement they may do so at any time with written notice.

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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I do not give permission to publish any photograph, video/sound or image of work of my child

Child's Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_