



Registration opens July 1<sup>st</sup> and closes September 9<sup>th</sup>, 2018, unless classes fill prior to the 9<sup>th</sup>. Please register early because space is limited. Thank you!

**St. Andrew Catholic Church  
Faith Formation Preschool – 12th grade  
Registration 2018-2019**

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> Confession, 1<sup>st</sup> Communion, and/or Confirmation a meeting and an additional form & fee is required.  
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 financial assistance, please pay what you can and check the appropriate box in the fee section. (\$40.00 per student)

**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 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: \_\_\_\_\_

*Has the above named child received his/her 1<sup>st</sup> Confession & 1<sup>st</sup> Holy Communion? Yes or No Confirmation? Yes or No*

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

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

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

*Has the above named child received his/her 1<sup>st</sup> Confession & 1<sup>st</sup> Holy Communion? Yes or No Confirmation? Yes or No*

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

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

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

*Has the above named child received his/her 1<sup>st</sup> Confession & 1<sup>st</sup> Holy Communion? Yes or No Confirmation? Yes or No*

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? (Circle) 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**

**Book and/or Supply Fee for all students grades Preschool - 12th: \$40.00 per student**

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: \_\_\_\_\_ \$ \_\_\_\_\_

**Payments:**

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

I have included full payment of \$ \_\_\_\_\_ Cash or Check number \_\_\_\_\_

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

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

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

***Office use only:***

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