



SAINT ANDREW CATHOLIC PARISH

3312 Dryden Road • Fort Worth, TX 76109
www.standrewcc.org • 817/927-5383

2017/2018 Religious Education Registration

Family Last Name _____

Parent/Guardian First Name _____

Address/City/State/Zip _____

Contact Telephone _____

Email _____

(Primary method of communication from the office.)

Parent's primary language: English Spanish other (Please circle one.)

Please indicate (✓ or ✗) class day:

****Classes begin Wednesday, September 13****

___ Wednesday 6:30-7:45 pm—Kndr - 5th grade

___ Wednesday 6:30-8:00 pm—Middle School (6-8)

****Classes begin Sunday, September 10****

___ Sunday 9-10:15 am—PK3 - 5th grade

___ Sunday 8:45-10:15 am—Middle School (6-8)

___ Home study—Kndr-8th grade

\$40 per student -\$100 family max BEFORE August 15.

\$45 per student -\$120 family max AFTER August 15.

Volunteer opportunities: We are in need of dedicated catechists, catechist assistants, office helpers and catechist substitutes for Wednesday evening, Sunday morning and Sacramental Preparation. Training is provided. Please indicate if you are interested in discussing a volunteer opportunity.

___ Yes, I am interested in volunteering for the 2017-18 school year, please contact me.

****All family members must be registered parishioners of Saint Andrew Parish.****

	Child	Child	Child	Child
First Name				
Last Name (if different)				
Birth date MM/DD/YYYY				
Special Situation/ Disability/Allergies/etc.				
Gender	M / F	M / F	M / F	M / F
School Attending				
Current Grade in School				
Baptized	Yes No	Yes No	Yes No	Yes No
First Reconciliation/First Eucharist	Yes No Yes No	Yes No Yes No	Yes No Yes No	Yes No Yes No
Where did child(ren) participate in Catholic Religious Education last year?				
Child(ren) live with	Both Parents/Mother/ Father/Other	Both Parents/Mother/ Father/Other	Both Parents/Mother/ Father/Other	Both Parents/Mother/ Father/Other

In case of emergency and parent(s) cannot be reached:

First/Last Name _____

Relationship to Child _____

Contact Telephone _____

Office use only.

Amount Due: _____

Amount pd. _____

Check _____ cash _____

Complete both sides of this form.

**St. Andrew Catholic Church-Religious Education
Parent/Guardian/Conservator Permission and Liability Waiver**

Childs' Name: _____ Date of Birth: _____ Sex: _____
 Child's Name: _____ Date of Birth: _____ Sex: _____
 Child's Name: _____ Date of Birth: _____ Sex: _____
 Child's Name: _____ Date of Birth: _____ Sex: _____
 Parent/Guardian/Conservator's Name: _____
 Home Address: _____
 City: _____ State: _____ Zip: _____
 Contact Phone: _____ Business Phone: _____
 Emergency Contact Name: _____
 Relationship to the son/daughter/participant: _____
 Contact Phone: _____ Business Phone: _____

Release/Indemnification Information:

I, _____ grant my permission for _____
Parent/Guardian/Conservator's Name *Participant Name(s)*

to participate in St. Andrew Catholic Church Religious Education program beginning the 10 day of September 2017 and continuing through the 13 day of May, 2018. This activity will take place under the guidance and direction of employees and/or volunteers from the parish of St. Andrew Catholic Church and/or the Diocese of Fort Worth. This indemnification form will be kept on file and will accompany the child on any and all programs and activities of the Diocese of Fort Worth and/or parish of St. Andrew Catholic Church.

I understand that as parent/guardian/conservator, I remain legally responsible for any personal actions taken by the participant(s) named above.

I agree on behalf of myself, my son/daughter/participant named herein, our/his/her heirs, successors, and assigns to hold harmless, the Diocese of Fort Worth and/or the parish of St. Andrew Catholic Church and its/their employees and/or volunteers from any and all claims (unless due in part by gross negligence of the Diocese and/or Parish) for illness, injury, death and the cost of medical treatment therewith, arising from or in any way connected with my son's/daughter/participant's attending the various programs and activities during the dates named above. In the event any legal action is taken by either party against the other party to enforce any of the terms and conditions of this agreement, it is agreed that the unsuccessful party to such action shall pay to the prevailing party therein all reasonable court costs, reasonable attorneys' fees and expenses incurred by the prevailing party.

Parent/Guardian/Conservator Signature *Date*

Promotional Release

I also consent to the use of any videotapes, photographs, slides, audiotapes, or any other (in perpetuity unless otherwise revoked by me in writing and delivered by certified mail, return receipt requested, to: The Catholic Center, 800 West Loop 820 South, Fort Worth, TX 76108, ATTN: Director of Youth Ministry and Adolescent Catechesis) in which my son/daughter may appear by the Diocese of Fort Worth. I understand that these materials are being used for promotion of the youth ministry of the Diocese of Fort Worth which may include recruitment and fundraising efforts.

Parent/Guardian/Conservator Signature *Date*

← Parent/Guardian signature and date required.

← Parent/Guardian signature and date required.

Safe Environment- Child Self-Protection program:

____ Yes, my child/children will participate in a safe environment (child self-protection) program for children and youth during religious education class. Date: Wednesday, October 25, 2017 and Sunday, October 22, 2017.

____ No, my child/children will not participate in a safe environment (child self-protection) program for children and youth. I will keep my child at home during this session. Date: Wednesday, October 25, 2017 and Sunday, October 22, 2017. **Please list child/children's name and grade:**

- 1.
- 2.
- 3.
- 4.

Parent/Guardian/Conservator Signature *Date*

← Parent/Guardian signature and date required.