



SAINT ANDREW CATHOLIC PARISH

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

Sacramental Preparation
2017-2018



Confirmation

Father's Full Name: _____ Contact Phone: _____

Mother's Full Name: _____ Contact Phone: _____

Address: _____ City: _____ Zip: _____

Contact Phone _____ E-mail (*This is primary method of communication from our office.*) _____

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

*All registration forms MUST be completed in full and returned one week PRIOR to orientation.
Incomplete forms may result in delays in receiving the sacrament.*

Candidate Information	
Baptismal Name	
Last Name	
Birth date MM/DD/YYYY And Gender	M / F
School Attending	
Current Grade in School	
Special Situation/ Disability/Allergy/etc.	
Family is a registered member of Saint Andrew Catholic Church.	____ yes ____ no
Is the candidate baptized Catholic? Contact the church of Baptism to request a New Baptismal certificate with Notations. This MUST accompany the registration form or will be RETURNED.	____ yes <i>(Contact the parish of Baptism to request a new Baptismal Certificate WITH Notations.)</i> ____ no
If your child was baptized at Saint Andrew Parish please indicate the approximate date and we will verify the baptism.	My child was baptized at Saint Andrew Parish on or about: _____ Month Year
Has the candidate celebrated first Holy Communion?	____ yes—Indicate parish celebrated and approximate year: ____ no

Indicate the type of formal religious education candidate is currently enrolled. CURRENT participation in Religious Education is a REQUIREMENT.	____ Parish Religious Education ____ Catholic School ____ Approved Catholic home school program ____ None
Indicate the type of formal religious education the candidate participated in for the school year 2016-2017. (Formal religious education in the PRIOR YEAR is a REQUIREMENT.)	____ Parish Religious Education ____ Catholic School ____ Approved Catholic home school program ____ None
Indicate the orientation date parent AND candidate will attend. Meeting location: Saint Andrew Parish Hall from 2-4:00 pm	____ November 12, 2017 OR ____ December 3, 2017
All registration forms MUST be completed in full and returned PRIOR to registration. Incomplete forms may result in delays in receiving the sacrament.	____ Form A ____ Form B ____ Riverbend Retreat Center registration form ____ Sponsor form
Fee	\$150.00 (<i>May be paid in two payments.</i>) Please contact Kathy Lawson if you have special financial needs or questions.

For Office Use Only

Orientation Date: _____

Ck# _____ Amt/Date _____

Ck# _____ Amt/Date _____

Catholic Diocese of Fort Worth and/or the
Parish of Saint Andrew Catholic Church Sacramental Preparation Program
Parent/Guardian/Conservator Permission and Liability Waiver

Candidate's Name: _____ Date of Birth: _____ Sex: _____

Parent/Guardian/Conservator's Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Contact Phone: _____ Emergency Contact Name: _____

Relationship to the son/daughter/participant: _____ Contact Phone: _____

Release/Indemnification Information:

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

to participate in the Children & Youth Religious Education Programs of St. Andrew Catholic Church, Diocese of Fort Worth beginning the 1st day of January 2018 and continuing through the 30th day of April, 2018. These various programs and activities 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 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 visual or audio reproduction. I understand that these materials may be used for promotion of the Religious Education Department at Saint Andrew Parish in the Diocese of Fort Worth.

Parent/Guardian/Conservator Signature *Date*