



Saint Andrew

Anchored in Faith  Catholic Church and School

Office Use Only	<input type="checkbox"/> Check #: <input type="checkbox"/> Cash <input type="checkbox"/> Credit <input type="checkbox"/> EFT	Amount: \$
Date of Payment		

YOUTH FORMATION PROGRAM 2023 - 2024

Our program welcomes registered parishioners in grades 1 - 11 / Confirmation.

Children attending Saint Andrew Catholic School (GRADES 1-6)

do not need to register for Wednesday night Faith Formation.

Please call (763) 441-1483 to become members of our parish.

Parent/Guardian Names:		
Street Address:	City:	Zip Code:
Phone: Primary ()	Secondary: ()	
Email:		

Student Name: (First, Middle, Last)	Gender M / F	Birthdate (mm/dd/yy)	Grade (Fall 2023)	Grades 5-10 only Choose ONE evening option S = Sunday W = Wednesday	Grade 11 Confirmation	Sacraments Already Received (check all that apply)	
				First Reconciliation		First Communion	
1.							
2.							
3.							
4.							
5.							

PLEASE INCLUDE A COPY OF YOUR CHILD'S BAPTISM CERTIFICATE IF ONE OF THE FOLLOWING PERTAIN: New parishioner, or your 2nd grader or 10th grader was not baptized at Saint Andrew	TOTAL DUE: \$80/child until 7/3/23; \$100 thereafter FAMILY CAP: 3 PAID STUDENTS	\$
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Cash/Checks are processed on July 3, 2023; online and credit card payments are processed immediately

Parent/Guardian Signature:	Date:
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MINISTRY OPPORTUNITIES Please check all that interest you (Background check and Safe Environment Training required/provided for all volunteers)
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<input type="checkbox"/> Leading/Co-Leading (Grades 1 - 4) <input type="checkbox"/> Substitute Leader (Grades 1 - 4)

<input type="checkbox"/> Leading Small Groups (Grades 5 - 10) <input type="checkbox"/> Substitute Leader (Grades 5 - 10)

Sunday	Wednesday
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

(OVER)



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Parent/Guardian Consent and Liability Waiver

Effective for 2023 -2024 Youth Formation Program and Youth Ministry

For students listed on the registration form in grades 1 - 12

MEDICAL MATTER: I hereby warrant that to the best of my knowledge, my child/children are in good health, and I assume all responsibility for their health as they relate to the participation in the Youth Formation and/or Youth Ministry program. In the event of an emergency, I hereby give permission to contact emergency personnel for treatment and/or transportation to a hospital or doctor. I understand that good faith attempts will be made to contact me at the phone number/s provided regarding any such circumstance should they occur and when able to make such a contact.

Parent / Guardian #1 Name:

Phone Number:

Parent / Guardian #2 Name:

Phone Number:

Alternate Contact / Relationship:

Phone Number:

ALLERGIES, LIMITATIONS, OR RELEVANT HEALTH CONDITIONS

Please provide any relevant health-related information about your child/children.

Child Name

Concern

I, _____, grant permission for my child/children to participate in Youth Formation classes and/or other parish events for grades 1-12 at the Church of Saint Andrew. I acknowledge these activities may require transportation to a location away from the parish and/or school site. These activities will take place under the guidance and direction of parish employees and/or volunteers from the Church of Saint Andrew. As a parent/legal guardian, I acknowledge that I remain legally responsible for any personal actions taken by the minor/participant. I agree on behalf of myself, my child/children named herein, or our heirs, successors, and assigns, to hold harmless and defend the Church of Saint Andrew, its officers, directors, employees and agents, and the Diocese of Saint Cloud, its employees and/or agents, chaperones, or representatives associated with this program and/or events, from any claims arising from or in connection with my child/ children attending this program and/or events in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the Church of Saint Andrew, its officers, directors, employees and agents, and the Diocese of Saint Cloud, its employees and/or agents, chaperones, or representatives associated with this program and/or events for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the Church of Saint Andrew and/or the Diocese of Saint Cloud.

** I, _____ ☐ grant ☐ do not grant
permission for my child/children's photos to be used in material communicated by the Church of Saint Andrew.

By signing this document you are also giving the same consent to any and/or all events (on and off-site) you choose to let your child/children attend and/or participate through the Church of Saint Andrew or associated programs and/or events.

PARENT/GUARDIAN SIGNATURE:

DATE: