

FOR OFFICE USE ONLY

DATE: _____

CHECK #: _____

CHECK \$: _____

CASH \$: _____

Additional Payments

The fee for registration for 2018-2019 is \$60.00 per child or a total of \$180 per family.

A check in the appropriate amount must accompany this registration form in order for your child to be placed in a class, but please do not delay your registration due to financial circumstances. Contact us to make other payment arrangements.

Christen Barrett 404-242-6029 CBarrett@standrewcatholic.org (Middle School)

En Español 770-641-9720 ext. 242 hispanicministry@bellsouth.net

**ST ANDREW CATHOLIC CHURCH
2018-2019 FAITH FORMATION REGISTRATION
EDGE MIDDLE SCHOOL**

PLEASE NOTE: ACTIVE PARISH MEMBERSHIP IS REQUIRED

Name of Child _____

Grade Level for **2018-19** _____ Birth Date _____ Age _____

Please indicate that your child has received a sacrament by circling it.

Baptism Reconciliation First Communion

Health Concerns/Special Needs _____

This Registration form is for 2018-2019 Faith Formation Class

_____ **Sunday Evening 5:15-6:45 in English (Grades 6-8)**

STREET ADDRESS _____ PO BOX _____

CITY _____ ZIP CODE _____

HOME PHONE () _____

IF NEW TO ST. ANDREW, NAME OF PREVIOUS PARISH _____

PARENTS / GUARDIANS

RELATIONSHIP TO CHILD (Circle one) * RELATIONSHIP TO CHILD (Circle one)
Father Step-father Other _____ * Mother Step-mother Other _____

Name _____ * Name _____

Cell Phone _____ * Cell Phone _____

Religion _____ * Religion _____

Marital Status _____ * Marital Status _____

E-mail _____ * E-mail _____

EMERGENCY INFORMATION

In the event of an emergency, if we are unable to reach a parent/guardian, the following person should be notified:

NAME _____ RELATIONSHIP TO CHILD _____

ADDRESS _____ LOCAL PHONE # _____

Child's Name _____

Notice of VIRTUS "Protecting God's Children" Training Required by Archdiocese of Atlanta. Materials may be reviewed online at <http://www.archatl.com/offices/ocyp/> under the Safe Environment/Children Grades K-12 section. Choose one of the following:

I hereby grant approval for my child(ren) to attend the archdiocesan training, which will be conducted during Faith Formation class.

X _____ Parent/Guardian Signature

OR

I decline to grant approval for my child(ren) to attend the archdiocesan training, but I understand that as the primary educator of my child the Church requests that I certify that I have provided such training to my child within the family.

X _____ Parent/Guardian Signature