St. Andrew Parish Family Faith Formation Registration Form

Call or Email Phyllis Avesing at: (563) 381-1363 <u>bluegrassstandrewdre@diodav.org</u>

Parental Information:

Parent/Guardian Full N	ame:	
Mailing Address:		
Emergency Phone Nun	ber:	
Are you a member of the	is Parish?	
If not, to what Parish de	you belong?	

Father:

Mother[.]

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Name:		Name:				
Cell:	Text? Yes/No	Cell:	Text? Yes/No			
Email:		Email:				
Religion:		Religion:				

Family Status:

Marital Status: Choose

If divorced or separated, please complete the following: Who has legal access to the Child(ren)?

Child(ren) live with:

□ Both Parents

Both Parents Father

Mother

- □ Father
- □ Mother
- \Box Other:

Child(rens) Info.

Name:								
New/Return	ning Student?				Grad	le:		
Birth Date:			Gender:			Alle	rgies:	
Any conditions we need to be aware of?								

Name:								
New/Retur	ning Student:				Grad	de:		
Birth Date:			Gende	er:		Alle	rgies:	
Any conditi	ons we need to	be awa	re of?					

Name:								
New/Retur	ning Student:				Gra	de:		
Birth Date:			Gende	er:	•	Alle	rgies:	
Any conditi	ons we need to	be awa	re of?					

Name:								
New/Return	ning Student:				Grad	de:		
Birth Date:			Gender:			Alle	rgies:	
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Name:								
New/Return	ning Student:				Grad	le:		
Birth Date:			Gender:			Alle	rgies:	
Any conditions we need to be aware of?								

If you are new to the Parish or not a member of the Parish, all children receiving sacraments need a copy of their Baptismal Certificate in order to receive the sacraments.

<u>Tuition Fee:</u> Entire Family - \$100 (Covers all family members, instruction materials and family dinner monthly for Wednesday meetings). Please refer to the new Family Faith Formation Program information that replaces our former program of religious education.

Payment may be made by cash or check. Checks made out to St. Andrew Parish No child or family will be turned away for financial reasons. We can make arrangements, please see Phyllis Avesing.

Virtus Program:

- □ I want my children to complete the "Empowering God's Children Training" in RE
- □ I have decided to **opt out** of the "Empowering God's Children Training" in RE

(If your child misses the Virtus classes, we do offer 1 make-up class per grade. If that one is missed then it's up to the parents to train their children. (See Phyllis Avesing for more information on this.)

Childrens Names:	Grades:
Parent Signature:	Date: MM/DD/YY
Printed Parent Name:	

Please complete and sign the Photo Release Form on the next page!

St. Andrew Photo Release Form

We want to share the good news of what's happening with our Children and Youth at St. Andrew and may share photos of our classes, events and happenings to connect with our community and share the exciting things our kids are doing!

This authorization form shall serve as parental permission for the use of name, likeness, and/or photographic image of a child/youth where such permission is required.

□ I **DO NOT** grant permission to share my child's picture/name/likeness

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□ I grant permission to St. Andrew Catholic Church to use my child's/youth's name, likeness, and/or photographic image in the production of the following:

Newspaper

- Promotional Materials
- Website

Brochures •

Bulletins Newsletters •

Social Media Posts Other

Television •

I understand that if, for whatever reason, at any point in time, I decide to revoke this agreement, and I so notify the St. Andrew Catholic Church in writing, all references to my child/youth (i.e., name, likeness, and/or photographic image) will no longer be used. I understand that web page references and web page photographic images will be removed within thirty (30) days of the written notification.

I understand that the St. Andrew Catholic Church is not responsible for access to the internet information or downloads made by users using the web prior to this removal of web references (i.e., name, likeness, and/or photographic image).

I further understand that my child's/youth's name, likeness, and/or photographic image may continue to be used in any publication already printed or published prior to my revocation of the consent provided herein.

	MM/DD/YY	
Name of Child	Date of Birth	
	MM/DD/YY	
Signature of Parent or Legal Guardian	Date	

One Authorization Form is to be completed for EACH child and will be kept on file until the student graduates from High School.