

**ST. ANDREW CATHOLIC CHURCH**  
**K – 6 Religious Education**  
**Student Information & Permission Form for Parish Program**  
**2009 - 2010**

**TUITION:** \$75 One child, \$115 two children, \$155 maximum per family  
**(\$25 late fee if registration is turned in after September 20th)**  
not paid \_\_\_\_\_ cash \_\_\_\_\_ check # \_\_\_\_\_ amount paid \_\_\_\_\_

STUDENT'S NAME \_\_\_\_\_  
(Last) (First) (Middle Initial)

STUDENT'S ADDRESS \_\_\_\_\_  
(Street No.) (City) (Zip Code)

STUDENT'S PHONE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

STUDENT'S SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_ YEAR OF GRADUATION \_\_\_\_\_

PHONE # YOU WISH TO BE REACHED AT IF THERE IS A SNOW DAY OR A CANCELLATION: \_\_\_\_\_  
E-MAIL ADDRESS (Optional) \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ WORK PHONE \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ WORK PHONE \_\_\_\_\_

PARENT/GUARDIAN'S ADDRESS IF DIFFERENT \_\_\_\_\_

PHONE IF DIFFERENT \_\_\_\_\_

**SACRAMENTS RECEIVED: (Please circle those received)**

**Baptism                      Reconciliation                      First Communion                      Confirmation**

**PLEASE CIRCLE YOUR CHOICE OF CLASS TIME:**

**MONDAY: 4:15-5:30 p.m.                      MONDAY: 6:15-7:30 p.m.**

**TUESDAY: 4:15-5:30 p.m.                      TUESDAY: 6:15-7:30 p.m.**

**THURSDAY: 4:15-5:30 p.m.                      NO EVENING SESSION OFFERED**

**PLEASE CHECK IF YOU ARE GOING TO HOME STUDY: (In your own home) \_\_\_\_\_**

**PLEASE CHECK IF YOU WILL BE PARTICIPATING IN AN OFF-SITE CLASS: \_\_\_\_\_**  
**(Off-site means in someone else's home along with other students)**

Does your child have a full time aide at school? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child have a learning disability? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain. \_\_\_\_\_

Is your child on any medication? \_\_\_\_\_ If yes, please list: \_\_\_\_\_

Is there anything special that you would like to share about your child that would help us to know him/her better? \_\_\_\_\_

**(PLEASE TURN OVER)**

**(Home Study families and off-site classes do not need to fill out this permission form, but please do fill out the rest of the form. Thank-you!)**

**Parental/Guardian Permission**

I hereby consent to participation by my son/daughter, \_\_\_\_\_  
in the St. Andrew Catholic Church Religious Education Program for the 2009-2010 academic year. I understand that this program will take place on the parish grounds and that my son/daughter will be under the supervision of the authorized parish personnel.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_  
(name) (phone no.)

**Parental Commitment**

At the Baptism of our child(ren), we accepted the responsibility of raising our child(ren) in the practice of our Catholic faith. Now we enter into a partnership with St. Andrew Catholic Church, so that our child(ren) might truly come to know and follow Christ in the tradition of our Church.

We commit ourselves to attend week-end Mass. We commit ourselves to faithfully participate with our child(ren) in the Religious Education Program and to work with our child(ren) to better comprehend and live the lessons of the weekly sessions.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**St. Andrew Catholic Church Commitment**

The conviction of Scripture and Church teaching is the foundation of our ongoing faith enrichment, all throughout the unfolding of our lives. We embrace our children as our younger brothers and sisters in Christ. We are dedicated to providing a strong Religious Education Program that will excite our youth into learning and sharing with us fully.

\_\_\_\_\_  
Father William J. Stevenson, Pastor

\_\_\_\_\_  
Peggy Greca, Director of Religious Education K-6

**Please indicate in what areas you could share your talents with our children by choosing at least one of the following. Please put a check mark in the space provided.**

- \_\_\_\_ Religious Education Teacher Please circle which grade: K 1 2 3 4 5 6
- \_\_\_\_ Religious Education Teacher Aide Please circle which grade: K 1 2 3 4 5 6
- \_\_\_\_ Classroom Substitute Teacher Grade\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_
- \_\_\_\_ Help with or be a permanent aide for a special needs child: Day \_\_\_\_\_ Time \_\_\_\_\_
- \_\_\_\_ Occasional Parent Helper
- \_\_\_\_ Provide child care for teachers and aides on site during class time:  
Day \_\_\_\_\_ Time \_\_\_\_\_
- \_\_\_\_ On Site All Purpose Aide during class sessions: Day \_\_\_\_\_ Time \_\_\_\_\_
- \_\_\_\_ Hall Monitor (Please circle one) Monday 4:15, 6:15 Tuesday 4:15, 6:15 Thursday 4:15  
(Includes restroom checks) (May include help at dismissal time from classrooms)
- \_\_\_\_ Help with the Children's Catechumenate Program (Children's RCIA)  
(Thursday evenings 7:00 – 8:00 p.m.)