Please mail registration, enrollment & release form with check to: Kathy Dowler DRE St. Andrew Religious Education Office 1899 McCoy Road Columbus OH 43220

2024-2025 St. Andrew Parish School of Religion – Grades 1-8 $\,$

REGISTRATION FORM

Please circle the grade level yo							
Student Name Last	First				Mic		
Last	11130				IVIIC	idic	
Parents' Name							
Last	First						
Family Address							
City	State		Zi	p			
Email Address							
Student's Birthdate							
Has your child attended religio	us education classes l	pefore?					
Where?							
School currently attending							
Parish/Church registered and a	ttending						
SACRAMENTAL CELEBRATIO	NS:						
(Yes/No)	Date/Parish/City/State						
Baptism							
Eucharist Confirmation							
SPECIAL NEEDS:							
Learning							
Physical (allergies, medicine, o							

CONTINUED ON NEXT PAGE

PARENT/GUARDIAN INFORMATION

Parent/Guardian Names:	Cell #	Work #	
Child lives with: Mother Custodial Parent			
Religion of Parent/Guardian (Optiona	al): Mother Other		
Physician's Name:		Phone #	
Dentist's Name:		Phone #	
In case of emergency (if we are unabl	e to reach a parent	t/guardian), please list 2 names & phone #'s:	
1			
2			
VOLUNTEER OPTIONS: (Compliance Education Office for more information)		Parish Safe Environment Policy required. Call the F 5.	Religious
I can help in the following ways:			
catechist (training and support a assistant in class with catechist substitute catechist	are available)		
room parent (help with celebrathelp with Jesus Day SECOND G			
	gistration form. I he	e St. Andrew Parish School of Religion Program. It ereby state, to the best of my (our) knowledge, my ct.	
Parent's Name (Printed)	Parent's	Signature	
Parent's Name (Printed)	Parent's	Signature	
Date:			