



**PARENT/GUARDIAN INFORMATION**

Parent/Guardian Names: \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_  
\_\_\_\_\_

Child lives with: Mother \_\_\_\_\_ Father \_\_\_\_\_ Both \_\_\_\_\_  
Custodial Parent \_\_\_\_\_ Other \_\_\_\_\_

Religion of Parent/Guardian (Optional): Mother \_\_\_\_\_ Father \_\_\_\_\_  
Other \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Phone # \_\_\_\_\_

In case of emergency (if we are unable to reach a parent/guardian), please list 2 names & phone #'s:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_

**VOLUNTEER OPTIONS:** (Compliance with St. Andrew Parish Safe Environment Policy required. Call the Religious Education Office for more information at (614) 451-2855.

I can help in the following ways:

- \_\_\_\_\_ catechist (training and support are available)
- \_\_\_\_\_ assistant in class with catechist
- \_\_\_\_\_ substitute catechist
- \_\_\_\_\_ room parent (help with celebrations, special crafts)
- \_\_\_\_\_ help with Jesus Day **SECOND GRADE PARENTS ONLY**

It is my (our) desire to have my (our) child enrolled in the St. Andrew Parish School of Religion Program. I understand and agree with the content of this registration form. I hereby state, to the best of my (our) knowledge, my (our) answers to the above questions are complete and correct.

\_\_\_\_\_  
Parent's Name (Printed) Parent's Signature

\_\_\_\_\_  
Parent's Name (Printed) Parent's Signature

Date: \_\_\_\_\_