

St. Andrew the Apostle Roman Catholic Church

2012 - 2013 FAITH FORMATION REGISTRATION

IMPORTANT: PLEASE PRINT CLEARLY AND FILL IN ALL INFORMATION

TODAY'S DATE: _____

ARE YOU CURRENTLY REGISTERED AT ST. ANDREW'S CHURCH? YES NO

- Our computer requires that parents/guardians be registered in order to enter your child's CCD Registration Form into the system.
- Please use accompanying Parish Registration Form if you are not sure or have not updated your new address or a new family member.

FAMILY LAST NAME: _____

FATHER'S NAME: _____
FIRST MIDDLE LAST

MOTHER'S NAME: _____
FIRST MIDDLE LAST

MOTHER'S MAIDEN NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

MAILING ADDRESS (if different): _____

HOME PHONE NUMBER: _____ CELL PHONE _____

WORK PHONE NUMBER(S): _____
MOTHER FATHER

Home E-Mail address _____

Please notify Teacher or Office of changes to your phone and / or contact information

In case of emergency or illness and neither parent can be reached, do you authorize the Faith Formation Director or staff member to act if medical assistance is necessary? _____ YES _____ NO

Name of Physician: _____

Emergency Friend/Neighbor: _____ Phone Number: _____

I understand that it is important for my child to attend CCD regularly in order to gain a consistent, thorough understanding of the faith and teachings of the Church. I will do my best to get them to class regularly and on time. Child can only be released to a parent/guardian. Please be prompt to pick child up.

We are a full compliance/safe environment community. We will continue conduction of age specific safe environment training during classes in accordance with Diocese of Tucson Requirements.

I have read and understand the above information.

Parent's Signature: _____

