## St. Andrew's Parish Religious Education Registration Form Call or Email Phyllis Avesing at: (563) 381-1363 <u>bluegrassstandrewdre@diodav.org</u>

## **Parental Information:**

Parent/Guardian Full Name:						
Mailing Address:						
Emergency Phone Number:						
Are you a member of this Parish?						
If not, to what Parish do you belong?						
, , ,						
Father:	Mother:					
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 follo	owing:					
	/ho has legal access to the Child(ren)?					
☐ Both Parents	☐ Both Parents					
	 □ Father					
☐ Mother	☐ Mother					
☐ Other:						
Child(rens) Info.						
Name:						
	Grade:					
Name:	Grade: Allergies:					
Name: New/Returning Student:						
Name:  New/Returning Student:  Birth Date:  Gender:						
Name:  New/Returning Student:  Birth Date: Gender:  Any conditions we need to be aware of?						
Name:  New/Returning Student:  Birth Date:  Any conditions we need to be aware of?  Name:	Allergies:					
Name:  New/Returning Student:  Birth Date: Gender:  Any conditions we need to be aware of?  Name:  New/Returning Student:	Allergies: Grade:					
Name:  New/Returning Student:  Birth Date:  Any conditions we need to be aware of?  Name:  New/Returning Student:  Birth Date:  Gender:	Allergies:					
Name:  New/Returning Student:  Birth Date: Gender:  Any conditions we need to be aware of?  Name:  New/Returning Student:	Allergies: Grade:					
Name:  New/Returning Student:  Birth Date:  Any conditions we need to be aware of?  Name:  New/Returning Student:  Birth Date:  Gender:	Allergies: Grade:					
Name:  New/Returning Student:  Birth Date: Gender:  Any conditions we need to be aware of?  Name:  New/Returning Student:  Birth Date: Gender:  Any conditions we need to be aware of?	Allergies: Grade:					
Name:  New/Returning Student:  Birth Date:  Any conditions we need to be aware of?  Name:  New/Returning Student:  Birth Date:  Any conditions we need to be aware of?  Name:  New/Returning Student:  Birth Date:  Any conditions we need to be aware of?	Grade: Allergies:					
Name:  New/Returning Student:  Birth Date:  Any conditions we need to be aware of?  Name:  New/Returning Student:  Birth Date:  Any conditions we need to be aware of?  Name:  New/Returning Student:  New/Returning Student:	Allergies:  Grade:  Allergies:  Grade:					
Name:  New/Returning Student:  Birth Date:  Any conditions we need to be aware of?  Name:  New/Returning Student:  Birth Date:  Any conditions we need to be aware of?  Name:  New/Returning Student:  Birth Date:  Gender:  Name:  New/Returning Student:  Gender:  Gender:	Grade: Allergies:					
Name:  New/Returning Student:  Birth Date:  Any conditions we need to be aware of?  Name:  New/Returning Student:  Birth Date:  Any conditions we need to be aware of?  Name:  New/Returning Student:  New/Returning Student:	Allergies:  Grade:  Allergies:  Grade:					
Name:  New/Returning Student:  Birth Date:  Any conditions we need to be aware of?  Name:  New/Returning Student:  Birth Date:  Any conditions we need to be aware of?  Name:  New/Returning Student:  Birth Date:  Gender:  Name:  New/Returning Student:  Gender:  Gender:	Allergies:  Grade:  Allergies:  Grade:					
Name:  New/Returning Student:  Birth Date: Gender:  Any conditions we need to be aware of?  Name:  New/Returning Student:  Birth Date: Gender:  Any conditions we need to be aware of?  Name:  New/Returning Student:  Birth Date: Gender:  New/Returning Student:  Birth Date: Gender:	Allergies:  Grade:  Allergies:  Grade:					
Name:  New/Returning Student:  Birth Date:  Any conditions we need to be aware of?  Name:  New/Returning Student:  Birth Date:  Any conditions we need to be aware of?  Name:  New/Returning Student:  Birth Date:  Any conditions we need to be aware of?  Name:  New/Returning Student:  Birth Date:  Any conditions we need to be aware of?  Name:  New/Returning Student:  Birth Date:  New/Returning Student:  Birth Date:  New/Returning Student:	Grade:  Grade:  Allergies:  Grade:  Allergies:					
Name:  New/Returning Student:  Birth Date:  Any conditions we need to be aware of?  Name:  New/Returning Student:  Birth Date:  Any conditions we need to be aware of?  Name:  Any conditions we need to be aware of?  Name:  New/Returning Student:  Birth Date:  Gender:  Any conditions we need to be aware of?  Any conditions we need to be aware of?	Allergies:  Grade:  Allergies:  Grade:					

Name:										
New/Returning Student:			Grade:							
Birth Da	te:	G	ender:		All	ergies:				
Any cond	ditions we need to	be aware	of?							
-	new to the Parish Certificate in orde					children	receiv	ing sacra	aments nee	ed a copy of their
0	ne Child - \$50.00 ore than one child,	/whole fan	nily - \$10	00.00						
-	may be made by or family will be tur								nts, please	see Phyllis Avesing
Virtus Pro	gram:									
☐ I ha	ant my children to ave decided to <b>opt</b> aild misses the Virtus ts to train their child	<b>out</b> of the classes, we	"Empov do offer	vering Go 1 make-u	od's Chilo p class pe	ren Trai r grade. I	ning" i f that d	in RE	sed then it's	up to
Children	s Names:								Grades:	
Parent S	ignature:						Date:	MM/DI	D/YY	
Printed F	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 <u><b>DO NOT</b></u> grant perm	ission to share my	child's picture/name/likene	ess	
$\square$ I grant permission to image in the production		ic Church to use my child's,	/youth's	name, likeness, and/or photographic
<ul> <li>Newspaper</li> </ul>	•	Promotional Materials	•	Website
<ul> <li>Brochures</li> </ul>	•	Bulletins	•	Social Media Posts
<ul> <li>Television</li> </ul>	•	Newsletters	•	Other
Andrew Catholic Church	n in writing, all refe understand that w	rences to my child/youth (i. eb page references and we	.e., nam	oke this agreement, and I so notify the <b>St.</b> e, likeness, and/or photographic image) ohotographic images will be removed
I understand that the <b>St</b> .	. Andrew Catholic	Church is not responsible fo	or acces	s to the internet information or download

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.

made by users using the web prior to this removal of web references (i.e., name, likeness, and/or photographic image).

	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 <u>EACH</u> child and will be kept on file until the student graduates from High School.