

St. Andrews PSR Registration Form

Student's full name _____

Address _____

Grade in School _____ Name of School _____

Parents' or guardian's names _____

Preferred Method of Communication _____ Text _____ E-Mail

Mother's cell# _____ Father's cell # _____

Email address _____

Has your child received:

- _____ Baptism
- _____ First Reconciliation
- _____ First Communion

Have you or your spouse had Virtus training through the Diocese? _____ Yes _____ No

Does your child have any health concerns or allergies that we need to know about?

In case of an emergency, do we have permission to seek needed medical attention?

_____ YES _____ NO

Periodically, we take pictures of the students and teachers in the classrooms taking part in various activities through the PSR program. May we use pictures with your child/children in them for media, display, Facebook, or in church publications? Yes _____ No _____

****I authorize my child to attend and participate in the St. Andrews Parish School of Religion program on Sundays from 8:15-9:15A.M. We encourage you to attend Mass with your child following class.

Parent or guardian's signature _____

Are you interested in teaching or substituting? _____

YES _____ NO ****Please consider saying "yes," as we are always need of substitutes!!**

Would you be interested in an adult Catholic education class to be held during your child's class?

_____ Yes _____ No

******There is a \$35 fee per family payable at registration. You may also mail your form(s) and fees to St. Andrew Church, 400 St. Andrew Drive, Holts Summit, MO 65043. Please make checks payable to St. Andrews.**

**St. Andrew Catholic Church
400 St. Andrew Ln.
Holts Summit, MO 65043**

Any questions call the church office at 896-5010.

***Welcome to our PSR program! We look forward to another great year!
God Bless! ☐***