

St. Andrew PSR Registration Form

Student's full name _____

Address _____

Grade in School _____ Name of School _____

Parents' or guardian's names _____

Parent/Guardian phone number: _____

Parent/Guardian 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 for the 2024-2025 school year on Sundays from 8:15-9:15A.M.

Parent or guardian's signature _____

Are you interested in teaching or substituting? _____ YES _____ NO

Forms can be turned into the parish office or emailed to:

Rachel Hronick

email: rhronick@gmail.com

phone: 573-418-0904