



## ST ANDREW CATHOLIC CHURCH YOUTH FAITH FORMATION REGISTRATION 2026-2027

**FOR OFFICE USE ONLY**

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

Amount paid: \_\_\_\_\_

Check #: \_\_\_\_\_

Receipt # \_\_\_\_\_

Invoice number: \_\_\_\_\_

This registration form is for the 2026-2027 classes only. If you have a student in Confirmation Preparation, an additional fee for the required Confirmation retreat is still mandatory. **The fee for registration is \$125 per child or a total of \$250 per family (throughout all Faith Formation Programs). The fee is waived for the children of catechists!** This payment can be made in person or through our online giving. Please do not delay your registration due to financial circumstances. We do allow payment plans and can provide discounts in special circumstances (volunteer hours will be utilized as a form of payment). Contact us to make these payment arrangements. 770-641-9720

Virginia Olvera (Elementary and En español) [volvera@standrewcatholic.org](mailto:volvera@standrewcatholic.org)

Christen Barrett (Middle) [Cbarrett@standrewcatholic.org](mailto:Cbarrett@standrewcatholic.org)

Loral Leach (High) [Lleach@standrewcatholic.org](mailto:Lleach@standrewcatholic.org)

Additional Students (if you have more than 4 children, please use the back of this packet)

Name of student	Grade Level for 26-27	Birth date	Age	Sex	Has your child been Baptized?	If yes, was it at St. Andrew?	Has your child had Reconciliation?	Has your child received First Communion?	Health concerns/special needs (including learning disabilities)/ IEP/allergies

Please choose class by placing student's first name by selection. All Classes are Sunday 11:15 AM- 12:30 PM

\_\_\_\_\_ Grades 1 through 5

\_\_\_\_\_ Special Sacraments Class (Grades 6-10 who still need first Communion)

\_\_\_\_\_ Middle School (Grades 6<sup>th</sup>, 7<sup>th</sup>, 8<sup>th</sup> who have already received first Communion)

\_\_\_\_\_ Year One Confirmation Preparation (Usually grade 9, who have already received first Communion)

\_\_\_\_\_ Year Two Confirmation Preparation (Usually grade 10) Teens must have completed year one in order to be eligible

\_\_\_\_\_ High school student who has already received confirmation

Was your child(ren) in St. Andrew Faith Formation last year? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what grade level(s)? \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ PO BOX \_\_\_\_\_

CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

CELL PHONE ( ) \_\_\_\_\_ EMAIL: \_\_\_\_\_

IF NEW TO ST. ANDREW, NAME OF PREVIOUS PARISH \_\_\_\_\_

If available, would you prefer to receive communication about the program via e-mail or text? \_\_\_\_\_

PARENTS / GUARDIANS

RELATIONSHIP TO CHILD (Circle one)

Father Step-father Other \_\_\_\_\_

Name \_\_\_\_\_

Cell Phone \_\_\_\_\_

Religion \_\_\_\_\_

Marital Status \_\_\_\_\_

E-mail \_\_\_\_\_

RELATIONSHIP TO CHILD (Circle one)

Mother Step-mother Other \_\_\_\_\_

Name \_\_\_\_\_

Cell Phone \_\_\_\_\_

Religion \_\_\_\_\_

Marital Status \_\_\_\_\_

E-mail \_\_\_\_\_

EMERGENCY INFORMATION

In the event of an emergency, if we are unable to reach a parent/guardian, the following person should be notified:

NAME \_\_\_\_\_ RELATIONSHIP TO CHILD \_\_\_\_\_

ADDRESS \_\_\_\_\_ LOCAL PHONE # \_\_\_\_\_

MEDICAL INFORMATION

- I. The undersigned does hereby give permission for our (my) child (children) to attend and participate in activities sponsored by the St. Andrew Faith Formation Program.
- II. We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any licensed physician or dentist. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered
- III. I hereby grant permission for non-prescription medication to be given, if deemed appropriate.
- IV. Should it be necessary for our (my) child (children) to return home due to medical reasons, behavioral reasons, or otherwise the undersigned shall assume all transportation costs.
- V. The undersigned does also give permission for our (my) child (children) to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by the St. Andrew Faith Formation Program

Signature \_\_\_\_\_ Date \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Medical Insurance Carrier \_\_\_\_\_ Name of Policy Holder \_\_\_\_\_

Policy Number \_\_\_\_\_ Medications \_\_\_\_\_

Allergies \_\_\_\_\_ Please use the back of this packet to give any additional medical information. Please note any special learning needs as well.

PERMISSION TO CONTACT YOUTH (Middle and High Only)

**Note: If you opt out, we cannot respond to your teen’s emails, direct messages, etc. pertaining to class. Please make this clear to your teen.**

St. Andrew follows the Archdiocese of Atlanta’s Social Media Policy and Guidelines for the Use of Social Networking Sites with Minors for contacting youth via social media. We may also use text messages and email to contact youth. Per this policy and guidelines, parents must be made aware of how social media and electronic communications are being used. Parents must be told how to access the sites, and be given the opportunity to be copied on all material sent to their children. After receiving written permission to communicate with young people, Archdiocesan employees should be encouraged to save copies of conversations whenever possible, especially those that concern the personal sharing of a teen or young adult. Please reference the policy and guidelines for more information. **Please indicate below whether our parish has permission to contact your child**

\_\_\_\_\_ I hereby grant permission for St. Andrew to contact my child for internal or external communications for one year via social media, email, or text. I understand I can request the same communications provided to my child, and that it does not have to be via the same technology (for example, if children receive a reminder via Twitter, parents can receive it in a printed form or by an email list).

\_\_\_\_\_ NO, I do not want my child contacted or communicated with in any way

Signature \_\_\_\_\_ Date \_\_\_\_\_ Relationship to Child \_\_\_\_\_

MEDIA RELEASE

**Note: If you opt out, your child cannot be in ANY group photos. Please make this clear to your child.**

St. Andrew uses images, interviews, and videos of our children for a variety of internal and external communications. Our forms of internal and external communications include but are not limited to: print, such as newspapers, bulletins, and newsletters; photographs and digital images; film and videos; web posts, web pages, and image carousels; social networking platforms including but not limited to Facebook, Twitter, and Instagram. We follow the Archdiocese of Atlanta’s Social Media Policy and Guidelines for the Use of Social Networking Sites with Minors. Please see this resource for more information.

**Please indicate below whether our parish and/or school has permission to circulate interviews, images, and/or videos of your child for all parish and/or school events for one year:**

\_\_\_\_\_ I hereby grant permission for St. Andrew to use images and interviews of my child for internal or external communications for one year. My child may be photographed and/or interviewed for The Georgia Bulletin, and other media outlets. I understand content may be reprinted in The Georgia Bulletin or other media for public dissemination, including but not limited to film; video; television; radio; newspapers such as The Atlanta Journal and Constitution; websites and online platforms; and social media networks including but not limited to Facebook, Twitter, and Instagram. I release and relieve the parish and/or school, and the Archdiocese of Atlanta, from any responsibility or liability for any claims arising from the publication or reproduction of any photographs or interview in any news or other media. I waive any and all right to inspect or approve the finished images, video, or printed matter that may be used in conjunction with any image or video, or to approve the eventual use for which it may be applied. I understand that photographs, videos, and/or interviews are being done with the knowledge and approval of the parish and/or school, and that a signed release form is required for every participating individual.

\_\_\_\_\_ NO, I do not want my child included in, nor my child’s image used, in any internal or external communications

Signature \_\_\_\_\_ Date \_\_\_\_\_ Relationship to Child \_\_\_\_\_

VIRTUS- CHILDREN SAFE ENVIRONMENT TRAINING

VIRTUS: *Teaching Safety – Empowering God’s Children*, a sexual abuse prevention program provided to us by the Archdiocese of Atlanta, is part of our ongoing effort to help create and maintain safe environments and to protect children and youth from sexual abuse. This program will be presented to enrolled students.

As the primary educator of your child, you have the right to opt your child out of participating in the program. We encourage you to read the Children’s Program Overview and Children’s Program Brochure which can be found at <https://archatl.com/ministries-services/safe-environment/grades-k-12/>.

If you determine that you DO NOT want your child to participate, please reach out to your faith formation leaders and complete the form given to you.

UPDATED FAITH FORMATION POLICIES FOR 26-27



I have read and agree to the cell phone policy, parent participation policy, and attendance policy found in the faith formation handbook.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Relationship to Child \_\_\_\_\_

VOLUNTEER OPPORTUNITIES

Parents are the primary catechists for their children and the most important factor in keeping their children Catholic. Here at St. Andrew, we want to do as much as we can to partner with parents and give children Catholic fellowship with their peers. We need help in order to make this a reality. Note: your fee is waived if you are a catechist or assistant.

- \_\_\_\_\_ I would like to learn more information about becoming a catechist or assistant catechist for Elementary
- \_\_\_\_\_ I would like to learn more information about becoming a catechist or assistant catechist for Middle
- \_\_\_\_\_ I would like to learn more information about becoming a catechist or assistant catechist for High
- \_\_\_\_\_ I would like to be a substitute catechist
- \_\_\_\_\_ I would like to be a hall monitor
- \_\_\_\_\_ I would like to help with any special events (receptions, fall festival, etc.)
- \_\_\_\_\_ I would like to help with fundraisers
- \_\_\_\_\_ I would like to help chaperone retreats
- \_\_\_\_\_ I would like to help photograph certain events
- \_\_\_\_\_ I would like to make a monetary or physical donation to the program
- \_\_\_\_\_ I will commit to praying for St. Andrew’s Faith Formation Program