



# Saint Andrew

Anchored in Faith ⚓ Catholic Church and School

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## FAMILY FAITH FORMATION PROGRAM 2025 - 2026

Our program welcomes registered families with children in grades 1 - 10.

Please call (763) 441-1483 or visit [www.saint-andrew.net/join-us](http://www.saint-andrew.net/join-us) to become members of our parish.

Parent/Guardian Names:

Street Address:

City:

Zip Code:

Phone: Primary ( )

Secondary: ( )

Email:

List all children (Grade 10 or younger) in the family (include those not yet in school):

Student Name: (First, Middle, Last)	Gender M / F	Birthdate (mm/dd/yy)	Grade (Fall 2025)	Sacraments <i>Already Received</i> (check all that apply)		
				Baptism	First Reconciliation	First Communion
1.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional adults (include children Grade 11 and older) who will participate with your family:

Adult Name: (First, Last)	Gender M / F	Birthdate (mm/dd/yy)	Sacraments <i>Already Received</i> (check all that apply)		
			Baptism	Eucharist	Confirmation
1.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE INCLUDE A COPY OF YOUR CHILD'S BAPTISM CERTIFICATE  
IF ONE OF THE FOLLOWING PERTAIN:

New parishioner, or your 2nd grader or 10th grader was not baptized at Saint Andrew

### MINISTRY OPPORTUNITIES

(visit [www.saint-andrew.net/MinistryOpps](http://www.saint-andrew.net/MinistryOpps))

(Background check and Safe Environment Training is required for some volunteer opps)

Family Fee:

\$100/family until 7/1/25; \$125 thereafter

\$

Additional Adults

\$15/adult

\$

Total

\$

Parent/Guardian Signature:

Date:

(OVER)



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## Parent/Guardian Consent and Liability Waiver

*Effective for 2025 -2026 Youth Formation Program and Youth Ministry*

*For students listed on the registration form in grades 1 - 12*

**MEDICAL MATTER:** I hereby warrant that to the best of my knowledge, my child/children are in good health, and I assume all responsibility for their health as they relate to the participation in the Youth Formation and/or Youth Ministry program. In the event of an emergency, I hereby give permission to contact emergency personnel for treatment and/or transportation to a hospital or doctor. I understand that good faith attempts will be made to contact me at the phone number/s provided regarding any such circumstance should they occur and when able to make such a contact.

Parent / Guardian #1 Name:

Phone Number:

Parent / Guardian #2 Name:

Phone Number:

Alternate Contact / Relationship:

Phone Number:

### ALLERGIES, LIMITATIONS, OR RELEVANT HEALTH CONDITIONS

Please provide any relevant health-related information about your child/children.

Child Name

Concern

I, \_\_\_\_\_, grant permission for my child/children to participate in Youth Formation classes and/or other parish events for grades 1-12 at the Church of Saint Andrew. I acknowledge these activities may require transportation to a location away from the parish and/or school site. These activities will take place under the guidance and direction of parish employees and/or volunteers from the Church of Saint Andrew. As a parent/legal guardian, I acknowledge that I remain legally responsible for any personal actions taken by the minor/participant. I agree on behalf of myself, my child/children named herein, or our heirs, successors, and assigns, to hold harmless and defend the Church of Saint Andrew, its officers, directors, employees and agents, and the Diocese of Saint Cloud, its employees and/or agents, chaperones, or representatives associated with this program and/or events, from any claims arising from or in connection with my child/ children attending this program and/or events in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the Church of Saint Andrew, its officers, directors, employees and agents, and the Diocese of Saint Cloud, its employees and/or agents, chaperones, or representatives associated with this program and/or events for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the Church of Saint Andrew and/or the Diocese of Saint Cloud.

\*\* I, \_\_\_\_\_ ☐ grant ☐ do not grant  
permission for my child/children's photos to be used in material communicated by the Church of Saint Andrew.

By signing this document, you are also giving the same consent to any and/or all events (on and off-site) you choose to let your child/children attend and/or participate through the Church of Saint Andrew or associated programs and/or events.

PARENT/GUARDIAN SIGNATURE:

DATE: