



## CATHEDRAL OF ST. ANDREW

617 Louisiana Street, Little Rock, AR 72201

Cell: (501) 515-7823 Office: (501) 374-2794, #231 Email: PRE@CSALAR.ORG

### CATECHESIS OF GOOD SHEPHERD (CGS) ENROLLMENT FORM 2025-2026

FAITH FORMATION SESSIONS ARE HELD ON WEDNESDAY EVENINGS

SEPTEMBER TO MAY FROM 5:00 — 7:00 PM.

SNACKS ARE SERVED AT 4:45 – 5:00 PM

FAMILY NAME \_\_\_\_\_ DATE \_\_\_\_\_

ARE YOU REGISTERED MEMBERS OF THE CATHEDRAL OF ST. ANDREW: \_\_\_\_\_ YES \_\_\_\_\_ NO

IF NO, NAME OF PARISH YOU ARE REGISTERED: \_\_\_\_\_

#### PARENT 1: FATHER MOTHER OTHER

Last Name, First Name \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Cell \_\_\_\_\_ EMAIL \_\_\_\_\_

Religious Affiliation \_\_\_\_\_

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

#### PARENT 2: FATHER MOTHER OTHER

Last Name, First Name \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Cell \_\_\_\_\_ EMAIL \_\_\_\_\_

Religious Affiliation \_\_\_\_\_

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

Child (ren) in residence with Father & Mother Father Mother Joint Custody Legal Guardian Other

### PHOTO RELEASE AND CONTACT INFORMATION RELEASE

*The Cathedral of St. Andrew Faith Formation and Youth Ministry programs would like to be able to use photos, arts, or videos of its participants for promotional purposes, such as on the parish's website, Facebook page, or print materials. The Cathedral would only use appropriate images and only for parish-related promotions.*

\_\_\_\_ I hereby grant my consent \_\_\_\_\_ I would prefer that my family members' images not be used for any reason.

*From time to time, different parish organizations ask to contact parents of students enrolled in the Cathedral's Faith Formation and Youth Ministry programs either by phone, email or mail. They request this contact information for a number of reasons, such as advertising a parish event or requesting volunteer help. The Cathedral would only give out families' contact information to parishioners and parish organization with whom the parish staff is familiar.*

\_\_\_\_ I hereby grant my consent \_\_\_\_\_ I would prefer that my family members' images not be used for any reason.

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

### TUITION FEES

One child \$25

3 or more children \$70

TOTAL TUITION PAYMENT: \_\_\_\_\_

### FOR OFFICE USE ONLY

Date Application Received: \_\_\_\_\_

Date Payment Received: \_\_\_\_\_

Check No: \_\_\_\_\_ Amount \_\_\_\_\_

*Return this form with payment to: Cathedral of St. Andrew Faith Formation Office before September 1, 2024.*

STUDENT INFORMATION SHEET

CHILD	STUDENT NAME LAST/FIRST/MIDDLE	F / M	DATE OF BIRTH	DATE AND CHURCH OF BAPTISM	YEAR OF 1ST EUCARIST	ACADEMIC SCHOOL YEAR	ACADEMIC GRADE	RCIC
1								
2								
3								
4								
5								
6								

Special Learning Needs: Allergies, Medical Conditions, etc. regarding your child

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## PARENT VOLUNTEER PARTICIPATION FORM

Parent(s) Name: \_\_\_\_\_

I would like to provide snacks during the school year for our students. Please indicate two Wednesday nights of your preference dates (once per semester):  
\_\_\_\_\_ and \_\_\_\_\_

I have the following talents or skills I would be happy to share: \_\_\_\_\_Sewing \_\_\_\_\_Cooking  
\_\_\_\_\_Website Designer \_\_\_\_\_Painting/Drawing \_\_\_\_\_Clay \_\_\_\_\_Knitting  
\_\_\_\_\_Special Activity

### DIOCESAN SAFE ENVIRONMENT TRAINING AND CERTIFICATION

\_\_\_\_\_ I am fully compliant with the Diocese of Little Rock Safe Environment Training.

Date/Year of Safe Environment Training and Certification: \_\_\_\_\_

\_\_\_\_\_ I am not compliant with the Diocese of Little Rock Safe Environment Training.

Volunteers who have close contact with the children MUST be Diocesan Safe Environment trained and certified, have an authorized background check, and complete a four-hour training seminar.

Please contact Sister Mary Rose for more information. Please return this form before August 29, 2025. The CGS calendar year may be downloaded from the Cathedral's website (csalr.org) or pickup one from the vestibule of the Cathedral. See you soon!