



**Saint Andrew Parish, Clemson, SC  
CHILDREN'S FAITH FORMATION  
RENEWAL REGISTRATION 2017-2018**

OFFICE USE ONLY  
Parish Soft entry

Family Last Name: \_\_\_\_\_

CHILD \_\_\_\_\_ GRADE '17-'18 \_\_\_\_\_

CHILD \_\_\_\_\_ GRADE '17-'18 \_\_\_\_\_

CHILD \_\_\_\_\_ GRADE '17-'18 \_\_\_\_\_

CHILD \_\_\_\_\_ GRADE '17-'18 \_\_\_\_\_

CHILD \_\_\_\_\_ GRADE '17-'18 \_\_\_\_\_

**SACRAMENT PREPARATION:** If a child is to prepare for First Eucharist and First Reconciliation, an additional form will be sent in fall. An official Baptism Certificate must also be turned in to the Faith Formation Office when preparation programs begin if the child was not baptized at Saint Andrew (This will be copied for parish records and the original returned to the family).

**FEES for 2017-2018 year:**

**Sunday Religious Education** \$45 for 1 child; \$60 for 2 children; \$70 for 3 or more children.

**Sacrament Preparation Programs:** \$12 per student for Eucharist/Reconciliation.

**\*Note:** No child is denied access to sacrament preparation or religious instruction for financial reasons. For financial assistance, contact the Coordinator of Faith Formation or the pastor at 864-654-1757.

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Please complete and return this form with the accompanying releases and applicable fee \* to:

Office of Faith Formation, Saint Andrew Church, P.O. Box 112, Clemson, SC 29633 or bring to the parish office

Please make your check payable to *Saint Andrew Faith Formation*

OFFICE USE ONLY	Date received _____
Class Fee due _____	Sac. Prep fee _____
Total due _____	Paid _____

**SAINT ANDREW FAITH FORMATION  
2017-2018  
RELEASE INFORMATION**

**MEDICAL CARE RELEASE:** I certify that I am the parent and /or legal guardian of  
(list names of each child being registered in Children's Faith Formation)

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**and** I understand that reasonable precautions will be taken to safeguard the health and well-being of my child enrolled in Religious Education and that I will be notified as soon as possible in the event of an emergency. In the case of sickness or an accident, I authorize and give my consent to obtain medical care from a licensed physician, hospital, or medical clinic for my son(s)/daughter(s) in the event that I or other legal guardian (s) cannot be reached. I hereby do release and forever discharge the Diocese of Charleston or may have for any reason, arising during his/her attendance at Children's Faith Formation

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**Please Print Name**

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**Date**

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**Signature**

**Photograph/Press Release:** I certify that I am the parent and /or legal guardian of  
(list names of each child being registered in Children's Faith Formation):

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**and** I realize that photographs of my child(ren) may be taken during various activities and events (to include the preparation and celebration of the Sacraments of First Eucharist and Confirmation) for publication in the bulletin and on the website for the purpose of promoting parish activities. Names of children will not be included.

\_\_\_\_\_ I hereby authorize and give full consent to the Saint Andrew Religious Education Program to publish and copyright photographs in which my child appears while enrolled as a participant in Religious Education activities during the 2017/2018 academic year.

\_\_\_\_\_ I do NOT consent to photographs of my child/ren being published.

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**Please Print Name**

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**Date**

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**Signature**