

Saint Andrew Parish, Clemson, SC

CHILDREN'S FAITH FORMATION REGISTRATION

Family Last Name: _____

Father's Name: _____ Religion: _____

Mother's Name: _____ Religion: _____

Home Phone: _____ Cell: _____ Cell: _____

Family Mailing Address: _____

City: _____ State: _____ Zip _____

E-Mail(s) _____

Alternate Emergency Contact: _____ Phone: _____

I AM WILLING TO PARTICIPATE AS (check all that apply)

Catechist Substitute Classroom Assistant

Child _____ **Rising Grade in Fall:** _____

Last *First* *MI*

Male: Female: D.O.B. ____/____/____ School Attending: _____

Allergies/Medical Conditions/Special Needs

Sacraments received: Baptism Reconciliation Eucharist

**If Sacramental Prep is needed this year, please fill out the First Eucharist Candidate Form*

Child _____ **Rising Grade in Fall:** _____

Last *First* *MI*

Male: Female: D.O.B. ____/____/____ School Attending: _____

Allergies/Medical Conditions/Special Needs

Sacraments received: Baptism Reconciliation Eucharist

**If Sacramental Prep is needed this year, please fill out the First Eucharist Candidate Form*

Child _____ **Rising Grade in Fall:** _____

Last *First* *MI*

Male: Female: D.O.B. ____/____/____ School Attending: _____

Allergies/Medical Conditions/Special Needs

Sacraments received: Baptism Reconciliation Eucharist

**If Sacramental Prep is needed this year, please fill out the First Eucharist Candidate Form*

Child _____ Rising Grade in Fall: _____

Last

First

MI

Male: Female: D.O.B. ____/____/____ School Attending: _____

Allergies/Medical Conditions/Special Needs

Sacraments received: Baptism Reconciliation Eucharist

**If Sacramental Prep is needed this year, please fill out the First Eucharist Candidate Form*

FEES for St. Andrew Children's Faith Formation Year:

Sunday Religious Education (Faith Formation Classes):

1 child - \$50; 2 children - \$65; 3 or more children - \$75

Sacramental Preparation Fees:

\$15 per student for Eucharist/Reconciliation

SACRAMENT PREPARATION: If a child is to prepare for First Eucharist and First Reconciliation, please fill out a First Eucharist Candidate Form. An official Baptism Certificate must also be turned in to the Faith Formation Office if the child was not baptized at Saint Andrew (This will be copied for parish records and the original returned to the family.) A child must attend Faith Formation for 2 consecutive years to receive First Holy Communion. This is to ensure full practical preparation of the Sacrament.

*Note: No child is denied access to sacrament preparation or religious instruction for financial reasons. For financial assistance, contact the Coordinator of Faith Formation at 864-643-2587 or the pastor at 864-654-1757.

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

The Catechetical Year at Saint Andrew begins on the Sunday following Labor Day. Please check Flocknote emails for all Faith Formation Communication. Questions or Concerns?

Please call the office of the Coordinator of Faith Formation or email at

laura@saclemson.org

OFFICE USE ONLY

Parish Soft entry _____ Date received _____ Class Fee due _____

Sac. Prep fee _____ Total due _____ Paid _____

RELEASE INFORMATION

Medical Care Release: I certify that I am the parent and/or legal guardian of (list names of each child to be registered in Children's Faith Formation):

And I understand that reasonable precautions will be taken to safeguard the health and well-being of my child enrolled in Religious Ed. 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 guardians 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.

Please Print Name

Date

Signature

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

And I realize that photographs of my child(ren) may be taken during various activities and events (including the preparation of the Sacrament of First Eucharist) 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 the Religious Ed. activities during the academic year.

_____ I do **NOT** consent to photographs of my children being published.

Please Print Name

Date

Signature

First Eucharist Candidate Information Form

Saint Andrew Parish Clemson, SC

Please Print Legibly.

Candidate's Full Name: _____

Last
First
Middle

Candidate's Date of Birth: _____

Mother's Full Name: _____

Last
First
MI
Maiden

Mother's Religious Affiliation _____

Father's Full Name: _____

Last
First
MI

Father's Religious Affiliation _____

Current Address _____

Street or P.O Box
City
State
Zip

Phone: _____ E-mail _____

Date of Baptism: _____ *Church of Baptism: _____

Church Address: _____

*City: _____ *State: _____ *Zip: _____ Country: _____

***If the candidate was NOT Baptized at St. Andrew, Clemson, you must submit an official Baptismal certificate to the church office. We will copy and retain them for parish records.**

FOR OFFICE USE:

SITE OF SACRAMENT: _____ CHURCH

_____ PRESIDER

_____ DATE OF FIRST EUCHARIST

