

*****FILL OUT ONE PER FAMILY*****



PRE REGISTRATION FORM

CATHEDRAL OF ST. ANDREW PARISH

FAITH FORMATION OFFICE

617 Louisiana Street, Little Rock, AR 72201 (501) 515-7823

FAITH FORMATION SESSIONS AND YOUTH MINISTRY ARE HELD ON WEDNESDAY EVENINGS
FROM SEPTEMBER TO MAY FROM 5:45 PM—7:30 PM. SEE CALENDAR FOR SPECIFIC DATES

FAMILY NAME _____ **DATE** _____

Parishioner? Yes—Parish Envelope No. _____ No—Name of Parish: _____

PARENT 1: FATHER MOTHER OTHER	PARENT 2: FATHER MOTHER OTHER
Last Name, First Name _____	Last Name, First Name _____
Address: _____	Address: _____
City _____ Zip _____	City _____ Zip _____
Cell _____ EMAIL _____	Cell _____ EMAIL _____
Religious Affiliation _____	Religious Affiliation _____
Marital Status _____	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 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 organization 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: _____

Return this form with payment to: Cathedral of St. Andrew Faith Formation Office before August 30