



# St. Andrew's Youth Formation

## 2025-2026 Registration Form (Nursery - 12<sup>th</sup> Grade)

### YOUTH INFORMATION (more spots on the back)

**Full Name:** \_\_\_\_\_ **Goes by:** \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Grade in 2025/26: \_\_\_\_ Pronouns: ☐ She/Her ☐ He/Him ☐ They/Them

Special Needs: \_\_\_\_\_ Allergies: \_\_\_\_\_

**Full Name:** \_\_\_\_\_ **Goes by:** \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Grade in 2025/26: \_\_\_\_ Pronouns: ☐ She/Her ☐ He/Him ☐ They/Them

Special Needs: \_\_\_\_\_ Allergies: \_\_\_\_\_

**Full Name:** \_\_\_\_\_ **Goes by:** \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Grade in 2025/26: \_\_\_\_ Pronouns: ☐ She/Her ☐ He/Him ☐ They/Them

Special Needs: \_\_\_\_\_ Allergies: \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

**Full Name:** \_\_\_\_\_ **Relationship to Youth:** \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

**Full Name:** \_\_\_\_\_ **Relationship to Youth:** \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

**Street Address:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

### CODE OF CONDUCT

I will respect myself and others. I will listen. I will wait my turn.  
I will share. I will try to act—to the best of my ability—as Jesus would want me to.

### SERVING

Parents with children in the **Nursery** and **Pre-K** classes are asked to serve as an assistant to the teacher on a rotating schedule. Please contact [formation@standrews.net](mailto:formation@standrews.net) to get on the schedule.

☐ **I understand and agree to the code of conduct as well as the requested volunteer commitment for the Sunday School classes.**

### PHOTO CONSENT

Do you give permission for St. Andrew's to use photos of your children on the church's website, Facebook & Instagram pages, and/or in printed material? The names of children will never be used with the pictures. ☐ **Y** ☐ **N**

**I am interested in helping with:** (check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> <b>Nursery / PreK</b> | <input type="checkbox"/> <b>Kindergarten</b> |
| <input type="checkbox"/> <b>1st Grade</b>      | <input type="checkbox"/> <b>2nd Grade</b>    |
| <input type="checkbox"/> <b>3rd Grade</b>      | <input type="checkbox"/> <b>4th Grade</b>    |
| <input type="checkbox"/> <b>5th Grade</b>      | <input type="checkbox"/> <b>6th Grade</b>    |
| <input type="checkbox"/> <b>Middle School</b>  | <input type="checkbox"/> <b>High School</b>  |

*Parents must stay on-site while their children are attending formation classes.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## ADDITIONAL YOUTH INFORMATION

**Full Name:** \_\_\_\_\_ **Goes by:** \_\_\_\_\_

Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_ Grade in 2025/26: \_\_\_\_ Pronouns: ☐ She/Her ☐ He/Him ☐ They/Them

Special Needs: \_\_\_\_\_ Allergies: \_\_\_\_\_

**Full Name:** \_\_\_\_\_ **Goes by:** \_\_\_\_\_

Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_ Grade in 2025/26: \_\_\_\_ Pronouns: ☐ She/Her ☐ He/Him ☐ They/Them

Special Needs: \_\_\_\_\_ Allergies: \_\_\_\_\_

**Full Name:** \_\_\_\_\_ **Goes by:** \_\_\_\_\_

Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_ Grade in 2025/26: \_\_\_\_ Pronouns: ☐ She/Her ☐ He/Him ☐ They/Them

Special Needs: \_\_\_\_\_ Allergies: \_\_\_\_\_