

CATECHIST REGISTRATION 2010-2011

Name (first, last): _____ Phone #: _____

Address: _____ City, Zip: _____

Cell #: _____ E-mail Address: _____

Birth date (month/day) _____ Birth Year (if under 18) _____

Spouse's Name: _____

Children's names and ages: _____

Grade level you wish to teach: 1st Choice _____ 2nd Choice _____ 3rd Choice _____

Day/Session (please circle):

Monday
5:30 - 6:45 pm
Grade PK(4) – 6

Wednesday Early
4:30 – 5:45 pm
Grade PK(4) - 6

Wednesday Late
6:30 – 7:45pm
Grade 1 – 6

5:15 – 6:45 pm
Grade 7 & Confirmation

6:15 – 7:45 pm
Grade 7 & Confirmation

Please be aware that you may not teach the level you request. We will try our best to place you with your choices, however, we will place you where the need is greatest. Thank you for volunteering from your heart.

I understand that I must complete fingerprinting through the Diocese of St. Augustine and all necessary paperwork. In addition, I must attend a Protecting God's Children workshop. These requirements must be met PRIOR to teaching/volunteering in the classroom.

Signature _____

I have completed fingerprinting and paperwork. Yes/No

I have completed Protecting God's Children. Yes/No