

SUBSTITUTE 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(s) you wish to substitute teach: _____

Day/Session (please circle):

Monday	Wednesday Early	Wednesday Late
5:30 - 6:45 pm	4:30 – 5:45 pm	6:30 – 7:45pm
Grade PK(4) – 6	Grade PK(4) - 6	Grade 1 – 6
5:15 – 6:45 pm		6:15 – 7:45 pm
Grade 7 & Confirmation		Grade 7 & Confirmation

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