



**CATHOLIC DIOCESE OF ARLINGTON  
OFFICE OF FAITH FORMATION**

**Master Catechist Program Registration Form (Please print.)**

Name: \_\_\_\_\_  
Last First Middle

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

\_\_\_\_\_ City State Zip

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

Telephone (preferred): \_\_\_\_\_

I am applying for the MASTER CATECHIST PROGRAM:

- on site at Christendom Graduate School, campus at Queen of Apostles, Alexandria, VA.
- online through live-streaming (synchronous classes)
- online through prerecorded classes (asynchronous, on my own schedule)

I am:

- a parish catechist; I teach: \_\_\_\_\_
- a Director of Religious Education (DRE)
- in need of MASTER CATECHIST CERTIFICATION for my employment.

I accept responsibility for \$100/course tuition as a participant of the Master Catechist Program.

Signature of Applicant: \_\_\_\_\_

Parish: \_\_\_\_\_

Pastor: \_\_\_\_\_

I accept that the parish will be billed \$400/course for this Master Catechist Program participant.

Signature of Pastor: \_\_\_\_\_

**Send to: Special Consultant for Catechetics, 200 N. Glebe Rd, Ste 265, Arlington VA 22203**