



CATHOLIC DIOCESE OF ARLINGTON
OFFICE OF FAITH FORMATION

Master Catechist Program Registration Form

Christendom Graduate School (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, Front Royal, 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 \$500/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