



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