



**NOTE: If your child is over 18<sup>th</sup> years old. Please Do not include them in this registration.**

<p>Child #1 Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Name: _____ <i>First MI Last</i></p> <p>Date of Birth: _____/_____/_____</p> <p>Birth State or Country: _____</p> <p>Religion: _____ Primary Language: _____</p> <p>Sacraments: <input type="checkbox"/> Baptism <input type="checkbox"/> Communion <input type="checkbox"/> Confirmation</p> <p>Church of Baptism:(name, state, country) _____</p> <p>Date _____/_____/_____</p> <p>Has child received any sacraments at St. Andrew? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, date and sacrament: _____</p> <p>School: _____ Grade: _____</p>	<p>Child #2 Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Name: _____ <i>First MI Last</i></p> <p>Date of Birth: _____/_____/_____</p> <p>Birth State or country: _____</p> <p>Religion: _____ Primary Language: _____</p> <p>Sacraments: <input type="checkbox"/> Baptism <input type="checkbox"/> Communion <input type="checkbox"/> Confirmation</p> <p>Church of Baptism:(name, state, country) _____</p> <p>Date _____/_____/_____</p> <p>Has child received any sacraments at St. Andrew? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, date and sacrament: _____</p> <p>School: _____ Grade: _____</p>	<p>Child #3 Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Name: _____ <i>First MI Last</i></p> <p>Date of Birth: _____/_____/_____</p> <p>Birth State or country: _____</p> <p>Religion: _____ Primary Language: _____</p> <p>Sacraments: <input type="checkbox"/> Baptism <input type="checkbox"/> Communion <input type="checkbox"/> Confirmation</p> <p>Church of Baptism:(name, state, country) _____</p> <p>Date _____/_____/_____</p> <p>Has child received any sacraments at St. Andrew? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, date and sacrament: _____</p> <p>School: _____ Grade: _____</p>
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