ST. ANDREW THE APOSTLE PARISH

2026-2027 FAITH FORMATION REGISTRATION FORM

If your child is entering our program for the first time and was not baptized at Saint Paul, Saint Joseph, or Saint Andrew the Apostle, please include a copy of their Baptismal Certificate with this registration form.

Child's Name: ______________________ D.O.B. ____________ Grade Entering Sept: ________

Home Address: ______________________ Church of Baptism: _______________ Date: ________

Home Phone: _________________ Church of 1st Communion: _______________ Date: ________

Child's Name: ______________________ D.O.B. ____________ Grade Entering Sept: ________

Home Address: ______________________ Church of Baptism: _______________ Date: ________

Home Phone: _________________ Church of 1st Communion: _______________ Date: ________

Child's Name: ______________________ D.O.B. ____________ Grade Entering Sept: ________

Home Address: ______________________ Church of Baptism: _______________ Date: ________

Home Phone: _________________ Church of 1st Communion: _______________ Date: ________

Child's Name: ______________________ D.O.B. ____________ Grade Entering Sept: ________

Home Address: ______________________ Church of Baptism: _______________ Date: ________

Home Phone: _________________ Church of 1st Communion: _______________ Date: ________

Child's Name: ______________________ D.O.B. ____________ Grade Entering Sept: ________

Home Address: ______________________ Church of Baptism: _______________ Date: ________

Home Phone: _________________ Church of 1st Communion: _______________ Date: ________

Child's Name: ______________________ D.O.B. ____________ Grade Entering Sept: ________

Home Address: ______________________ Church of Baptism: _______________ Date: ________

Home Phone: _________________ Church of 1st Communion: _______________ Date: ________

FOR OFFICE USE ONLY

Date: ________________ Amount: ________________ Check # __________ Initial: ______

Grades 1-8 ☐ Confirmation ☐

IMPORTANT PARENT CONTACT INFORMATION

Mother's (Maiden) Name: _____

Address: _____

Phone Number: _____

Father's Name: _____

Address: _____

Phone Number: _____

Family Email Address (Required for important updates):

EMERGENCY CONTACT INFORMATION

Name: _____

Relation: _____

Phone Number: _____

List below in detail anything we need to know to ensure the health and safety of your child? (Allergies, special needs, ect.)